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| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| DISTRICT OF MINNESOTA THIRD DIVISION            | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | Chapter 11                      |                                 |
|   | Chapter 12                      |                                 |
|   | ✓ Chapter 13                    | Check if this an amended filing |

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself  |  |  |                                       |
|----|--|--|--|---------------------------------------|
|    |  | About Debtor 1:  | About Deb  | otor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name   |  |  |                                       |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | JEFFREY First name  M Middle name  WIGSTROM Last name and Suffix (Sr., Jr., II, III) | CATHERI<br>First name  D  Middle nam  WIGSTRO  Last name | ne                                    |
| 2. | All other names you have used in the last 8 years Include your married or maiden names.  |  | FKA CAT  | HERINE D LEGRAND                      |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-1864  | xxx-xx-22  | 80                                    |

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Debtor 1 JEFFREY M WIGSTROM
Debtor 2 CATHERINE D WIGSTROM

Case number (if known)

| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
|---|---|--|---|
|   |   | I have not used any business name or EINs.  FDBA Jeffrey Wigstrom Secuirty  Business name(s)  EINs   | I have not used any business name or EINs.  DBA Catherine Wigstrom Daycare  Business name(s)  EINs  |
| 5.  | Where you live  | 321 JESSE JAMES LN SAINT PAUL, MN 55115 Number, Street, City, State & ZIP Code  WASHINGTON County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code | If Debtor 2 lives at a different address:  Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |
| 6.  | Why you are choosing this district to file for bankruptcy | Check one:  ✓ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ✓ I have another reason. Explain. (See 28 U.S.C. § 1408.)  | Check one:  ✓ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ✓ I have another reason. Explain. (See 28 U.S.C. § 1408.)   |

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Debtor 1 JEFFREY M WIGSTROM
Debtor 2 CATHERINE D WIGSTROM

Case number (if known)

| Part | Tell the Court About  |                     |   |   |   |  |  |  |  |
|------|---|---------------------|---|---|---|--|--|--|--|
| 7.   |   |                     |   | rief description of each, se<br>go to the top of page 1 an  |   | by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy riate box.   |  |  |  |
|      | choosing to file under  | ☐ Chapt             | er 7                                    |   |   |  |  |  |  |
|      |   | Chapt               | er 11                                   |   |   |  |  |  |  |
|      |   | ☐ Chapt             | er 12                                   |   |   |  |  |  |  |
|      |   | ✓ Chapt             | er 13                                   |   |   |  |  |  |  |
|      |   |                     |   |   |   |  |  |  |  |
| 8.   | How you will pay the fee  | abo<br>orde<br>a pr | ut how your<br>er. If your<br>e-printed |   |   |  |  |  |  |
|      | I need to pay the fee in installments. If you choose this option, si<br>The Filing Fee in Installments (Official Form 103A).                    |                     |   |   | i, sign and attach the Application for Individuals to Pay |  |  |  |  |
|      |   | but app             | is not req<br>lies to yo                | iired to, waive your fee, ar<br>r family size and you are o | nd may do so only if<br>unable to pay the fe              | otion only if you are filing for Chapter 7. By law, a judge may, if your income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out Official Form 103B) and file it with your petition. |  |  |  |
|      |   |                     |   |   |   |  |  |  |  |
| 9.   | Have you filed for bankruptcy within the last 8 years?  | ✓ No.  Yes.         |   |   |   |  |  |  |  |
|      | <b>,</b>  |                     | District                                |   | When  | Case number  |  |  |  |
|      |   |                     | District                                |   | When  | Case number  |  |  |  |
|      |   |                     | District                                |   | When  | Case number  |  |  |  |
|      |   |                     | Diotriot                                |   |   |  |  |  |  |
| 10.  | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No ☐ Yes.         |   |   |   |  |  |  |  |
|      | annate:   |                     | Debtor                                  |   |   | Polationship to you  |  |  |  |
|      |   |                     | District                                | -   | When  | Relationship to you  Case number, if known   |  |  |  |
|      |   |                     | Debtor                                  |   | vinen   | Relationship to you  |  |  |  |
|      |   |                     |   |   | When  |  |  |  |  |
|      |   |                     | District                                |   | when  | Case number, if known  |  |  |  |
| 11.  | Do you rent your residence?   | ✓ No.               | Go to I                                 |   | iction judgment aga                                       | ainst you and do you want to stay in your residence?   |  |  |  |
|      |   |                     |   | No. Go to line 12.  | , 3   |  |  |  |  |
|      |   |                     |   |   | ent About an Eviction                                     | on Judgment Against You (Form 101A) and file it with this  |  |  |  |

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Debtor 1 JEFFREY M WIGSTROM

| Deb  | otor 2 CATHERINE D WIG  | GSTROM       |   | Case number (if known)   |
|--|---|--------------|---|--|
|  |   |              |   |  |
| Par  | Report About Any Ru   | sinesses     | You Own as a Sole Proprieto                         | or .   |
|  |   |              | 104 01111 40 4 0010 1 10011010                      |  |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ☐ No.        | Go to Part 4.                                       |  |
|  |   | ✓ Yes.       | Name and location of busin                          | ness   |
|  | A sole proprietorship is a  | <del></del>  |   |  |
|  | business you operate as an individual, and is not a   |              | Under Own Name                                      |  |
|  | separate legal entity such as a corporation, partnership, or LLC.   |              | Name of business, if any                            |  |
|  | If you have more than one   |              |   |  |
|  | sole proprietorship, use a separate sheet and attach  |              | Number, Street, City, State                         | & ZIP Code   |
|  | it to this petition.  |              | Check the appropriate box                           | to describe your business:   |
|  |   |              |   | ess (as defined in 11 U.S.C. § 101(27A))   |
|  |   |              |   | Estate (as defined in 11 U.S.C. § 101(51B))  |
|  |   |              |   | fined in 11 U.S.C. § 101(53A))   |
|  |   |              |   | (as defined in 11 U.S.C. § 101(6))   |
|  |   |              | ✓ None of the above                                 |  |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  If you are filing under Chapter 11, the court must know whether you are a small business debtor so the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balar operations, cash-flow statement, and federal income tax return or if any of these documents do not exit in 11 U.S.C. 1116(1)(B). |   |              |   | small business debtor, you must attach your most recent balance sheet, statement of    |
|  | For a definition of small   | <b>✓</b> No. | I am not filing under Chapt                         | er 11.   |
|  | business debtor, see 11 U.S.C. § 101(51D).  | ☐ No.        | I am filing under Chapter 1<br>Code.                | 1, but I am NOT a small business debtor according to the definition in the Bankruptcy  |
|  |   | Yes.         | I am filing under Chapter 1                         | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par  | t 4: Report if You Own or   | Have Any     | Hazardous Property or Any                           | Property That Needs Immediate Attention  |
| 14.  | Do you own or have any  | <b>√</b> No. |   |  |
|  | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to                | Yes.         | What is the hazard?                                 |  |
|  | public health or safety?  |              |   |  |
|  | Or do you own any property that needs immediate attention?  |              | If immediate attention is needed, why is it needed? |  |
|  | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? |              | Where is the property?                              |  |

Number, Street, City, State & Zip Code

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Debtor 1 JEFFREY M WIGSTROM
Debtor 2 CATHERINE D WIGSTROM

Case number (if known)

15. Tell the court whether you have received a

counseling.

briefing about credit

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

## Explain Your Efforts to Receive a Briefing About Credit Counseling

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filled for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-32643 Doc 1 Filed 08/17/17 Entered 08/17/17 12:51:06 Desc Main Document Page 6 of 59

Debtor 1 JEFFREY M WIGSTROM
Debtor 2 CATHERINE D WIGSTROM

Case number (if known)

| Pari<br>16. | What kind of debts do   | 16a.  | Are your debts primarily cons  | umer debts? Con                          | sumer debts are  | e defined in 11 U.S.C. § 101(8) as "incurred by a       | —<br>∩ |
|-------------|---|---|--|--|--|---|--------|
|             | you have?   | rou.  | individual primarily for a persona   |  |  | 3 domina in 11 0.0.0. 3 101(0) do inodirod by di        | •      |
|             |   |   | No. Go to line 16b.  |  |  |   |        |
|             |   |   | ✓ Yes. Go to line 17.  |  |  |   |        |
|             |   | 16b.  | Are your debts primarily busin money for a business or investment.               |  |  |   |        |
|             |   |   | ☐ No. Go to line 16c.  |  |  |   |        |
|             |   |   | Yes. Go to line 17.  |  |  |   |        |
|             |   | 16c.  | State the type of debts you owe  | that are not consu                       | mer debts or bus   | siness debts  |        |
| 17.         | Are you filing under<br>Chapter 7?  | <b>✓</b> No.  | I am not filing under Chapter 7.   | Go to line 18.                           |  |   |        |
|             | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?   | Yes.  | I am filing under Chapter 7. Do y are paid that funds will be availa  No Yes     |  |  | property is excluded and administrative expense litors? | es:    |
| 18.         | How many Creditors do you estimate that you owe?  | 1-49<br>50-99<br>100-1<br>200-9   | 99   | 1,000-5,000<br>5001-10,00<br>10,001-25,0 | 00   | 25,001-50,000<br>50,001-100,000<br>More than100,000     |        |
| 19.         | How much do you estimate your assets to be worth?   | \$50,0<br>\$100,  | 550,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million                | \$10,000,00<br>\$50,000,00               | - \$10 million<br>01 - \$50 million<br>01 - \$100 million<br>001 - \$500 million |   |        |
| 20.         | How much do you estimate your liabilities to be?  | \$50,0<br>\$100,  | 550,000<br>001 - \$100,000<br>001 - \$500,000<br>001 - \$1 million               | \$10,000,00<br>\$50,000,00               | - \$10 million<br>01 - \$50 million<br>01 - \$100 million<br>001 - \$500 million |   |        |
| Part        | 7: Sign Below   |   |  |  |  |   |        |
| For         | you   | I have ex   | amined this petition, and I declare  | e under penalty of                       | perjury that the i   | information provided is true and correct.               |        |
|             | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of tit United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |   |  |  |  |   |        |
|             |   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |  |  |  |   |        |
|             |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |  |  |  |   |        |
|             |   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 and 3571. |  |  |  |   | 9,     |
|             |   | /s/ JEFF  | /s/ JEFFREY M WIGSTROM /s/ CATHERINE D WIGSTROM                                  |  |  |   |        |
|             |   |   | FFREY M WIGSTROM gnature of Debtor 1  CATHERINE D WIGSTROM Signature of Debtor 2 |  |  |   |        |
|             |   | Executed  | August 17, 2017 MM / DD / YYYY   |  | Executed on  | August 17, 2017<br>MM / DD / YYYY                       |        |

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| Debtor 1 | JEFFREY M WIGSTROM   |
|----------|----------------------|
| Debtor 2 | CATHERINE D WIGSTROM |

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

I personally conferred with and advised the debtors /e/Kristen Whelchel #0339866

/s/ Robert J. Hoglund
Signature of Attorney for Debtor
Date August 17, 2017
MM / DD / YYYY

Robert J. Hoglund

Printed name

Hoglund, Chwialkowski & Mrozik P.L.L.C

Firm name

1781 West County Road B PO Box 130938

Roseville, MN 55113-4052

Number, Street, City, State & ZIP Code

Contact phone (651) 628-9929 Email address

bestcase@hoglundlaw.com

210997

Bar number & State

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|---------------------|-------------------------|--------------------|--------------------|--------------------------------------|
| Fill in this inform | nation to identify your | case:              |                    |                                      |
| Debtor 1            | JEFFREY M WIGS          | STROM Middle Name  | Last Name          |                                      |
| Debtor 2            | CATHERINE D W           |                    | Lastitanio         |                                      |
| (Spouse if, filing) | First Name              | Middle Name        | Last Name          |                                      |
| United States Bar   | nkruptcy Court for the: | DISTRICT OF MINNES | OTA THIRD DIVISION |                                      |
| Case number         |                         |                    |                    | ☐ Check if this is an amended filing |
|                     |                         |                    |                    |                                      |

## Official Form 106Sum

## **Summary of Your Assets and Liabilities and Certain Statistical Information**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

| Par | t1: Summarize Your Assets   |            |                           |
|-----|---|------------|---------------------------|
|     |   |            | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$         | 0.00                      |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$         | 44,450.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$         | 44,450.00                 |
| Par | t 2: Summarize Your Liabilities   |            |                           |
|     |   |            | liabilities<br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$         | 261,038.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$         | 0.0                       |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$         | 31,755.0                  |
|     | Your total liabilities  | \$         | 292,793.00                |
| ⊃aı | t 3: Summarize Your Income and Expenses   |            |                           |
| 1.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$         | 4,312.00                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$         | 3,987.0                   |
| Par | t 4: Answer These Questions for Administrative and Statistical Records  |            |                           |
| 5.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | r other so | chedules.                 |
| 7.  | Yes What kind of debt do you have?  |            |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | persona    | I, family, or             |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 JEFFREY M WIGSTROM
Debtor 2 CATHERINE D WIGSTROM

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

| \$<br>5,309.60 |
|----------------|
|                |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tot | al claim |
|--|-----|----------|
| From Part 4 on Schedule E/F, copy the following:   |     |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$  | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$  | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$  | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$  | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$  | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$ | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$  | 0.00     |

|              | Ca                                | se 17-3264                            | 3 Doc 1                | Filed 08/17/17<br>Document   | Entered 08/17/1<br>Page 10 of 59  | 7 12:51      | :06 De:          | sc N    | Main   |
|--------------|-----------------------------------|---------------------------------------|------------------------|--|---|--------------|------------------|---------|--|
| Fill         | in this inforn                    | nation to identify                    | your case and th       |  |   |              |                  |         |  |
| Deb          | otor 1                            | JEFFREY M                             | WIGSTROM               |  |   |              |                  |         |  |
|              | _                                 | First Name                            |                        | Name   | Last Name   |              |                  |         |  |
|              | otor 2<br>ouse, if filing)        | CATHERINE<br>First Name               | D WIGSTROM<br>Middle   | Name   | Last Name   |              |                  |         |  |
| Lini         | tad States Ba                     | okruptov Court fo                     | r the: DISTRICT        | OF MINNESOTA THII  | RD DIVISION   |              |                  |         |  |
| Oili         | ica Otates Bai                    | initiapitoy Court To                  | Tuic. Diotition        | OF WINVIVEOUTA TITI  | ND DIVIDION   |              |                  |         |  |
| Cas          | se number _                       |                                       |                        |  | -   |              |                  |         | Check if this is an amended filing                           |
| Sc           | chedul                            | rm 106A/E<br>e A/B: P                 | roperty                | an asset only once. If a   | n asset fits in more than one   | category lis | et the asset in  | the c   | 12/15  |
| nfor<br>Ansv | mation. If more<br>wer every ques | e space is needed,<br>tion.           | attach a separate sh   | neet to this form. On the  | e are filing together, both are<br>e top of any additional pages<br>on or Have an Interest In |              |                  |         |  |
| . D          | o you own or h                    | ave any legal or ed                   | quitable interest in a | ny residence, building,  | land, or similar property?  |              |                  |         |  |
|              | No. Go to Part                    | 2.                                    |                        |  |   |              |                  |         |  |
| 1.1          |                                   | E JAMES LN if available, or other dea | scription              | What is the property  ■ Single-family h □ Duplex or mult □ Condominium | nome  | the amount   | of any secure    | d clain | r exemptions. Put<br>ns on Schedule D:<br>cured by Property. |
|              |                                   |                                       |                        | ■ Manufactured   | or mobile home  | Current va   | lue of the       | Cur     | rent value of the  |
|              | SAINT PAI                         | JL MN                                 | 55115-0000             | Land   |   | entire prop  | erty?            |         | tion you own?  |
|              | City                              | State                                 | ZIP Code               | ☐ Investment pro☐ Timeshare  | operty  |              | \$0.00           |         | \$0.00   |
|              |                                   |                                       |                        | Other Who has an interest Debtor 1 only                                | in the property? Check one  | (such as fe  |                  |         | wnership interest<br>by the entireties, or                   |
|              | WASHING                           | TON                                   |                        | Debtor 2 only  |   |              |                  |         |  |
|              | County                            |                                       |                        | Debtor 1 and [   | •   |              | ( if this is com | munit   | ty property  |
|              |                                   |                                       |                        |  | the debtors and another but wish to add about this iter                                       | <b>(</b>     | structions)      |         |  |
|              |                                   |                                       |                        | property identification  |   | , 000 00 .0  |                  |         |  |
|              |                                   |                                       |                        | FMV:   | edgewood Hills Additior<br>parative Market Analysis   |              | •                | Mini    | nesota   |

 Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| Debtor 2  |   | Case number (if known)                |   |
|---|---|---------------------------------------|---|
| Cars, vans, trucks, tractors, sport utility v  ☐ No   | ehicles, motorcycles  |                                       |   |
| Yes   |   |                                       |   |
| 3.1 Make: Ford  Model: Mustang  | Who has an interest in the property? Check one ☐ Debtor 1 only  | the amount of any secur               | claims or exemptions. Put ed claims on Schedule D: ims Secured by Property.       |
| Year: 2004  Approximate mileage: 125,000  Other information:  | <ul><li>□ Debtor 2 only</li><li>■ Debtor 1 and Debtor 2 only</li><li>□ At least one of the debtors and another</li></ul>  | Current value of the entire property? | Current value of the portion you own?   |
| FMV: NADA - Clean Dealer Retail   | Debtor 1 and Debtor 2 only  Interpretate mileage:  ADA - Clean Dealer Retail  Check if this is community property (see instructions)  Check if this is community property (see instructions)  Who has an interest in the property? Check one Pathfinder  Debtor 1 only Debtor 2 only Debtor 2 only  Current value of the entire property? | \$4,925.00                            |   |
|   | <u> </u>  | the amount of any secur               | ed claims on Schedule D:  |
| Approximate mileage: 145,000 Other information:   | ☐ Debtor 1 and Debtor 2 only  |                                       | Current value of the portion you own?   |
| FMV: NADA - Clean Dealer Retail   |   | \$5,900.00                            | \$5,900.00  |
|   | wn for all of your entries from Part 2, including that number here  |                                       | \$10,825.00   |
| Part 3: Describe Your Personal and Household  | Itams   |                                       |   |
| Do you own or have any legal or equitable i   |   |                                       | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <ul> <li>Household goods and furnishings         Examples: Major appliances, furniture, linen         □ No     </li> <li>■ Yes. Describe</li> </ul> | s, china, kitchenware   |                                       |   |
| Refrigerator, Fr  | eezer, Stove, Washer, Dryer, Sofa, Chairs,<br>bles, Kitchenware, General Household, Dres<br>droom Linens  |                                       | \$1,200.0   |
| Push Lawnmow  | ver   |                                       | \$300.0   |
| Snow Blower   |   |                                       | \$100.0   |
| Golf Clubs  |   |                                       | \$60.0  |

Official Form 106A/B

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| Debtor<br>Debtor                          |  | 1 WIGSTROM<br>E D WIGSTROM  | Case number                               | (if known)                               |
|---|--|---|---|--|
| 7. <b>Elec</b><br><i>Exa</i>              | mples: Televisions including ce                                  | and radios; audio, video, stereo, and digital equ<br>Il phones, cameras, media players, games | uipment; computers, printers, scanners    | s; music collections; electronic devices |
|   | es. Describe   |   |   |  |
|   |  | Television (3)  |   | \$75.00                                  |
|   |  | DVD/CDS (none), VCR/DVD Player (\$  | 50), Stereo (\$100)                       | \$150.00                                 |
|   |  | Cell Phone (2)  |   | \$200.00                                 |
|   |  | Computer  |   | \$100.00                                 |
| Exa<br>■ N                                | other collec   | d figurines; paintings, prints, or other artwork; b<br>tions, memorabilia, collectibles       | ooks, pictures, or other art objects; sta | mp, coin, or baseball card collections;  |
| 9. <b>Equi</b><br><i>Exa</i><br>□ N       | ipment for sports a<br>mples: Sports, phot<br>musical inst       | ographic, exercise, and other hobby equipmen  | ; bicycles, pool tables, golf clubs, skis | ; canoes and kayaks; carpentry tools;    |
|   |  | Golf Clubs  |   | \$0.00                                   |
|   |  | Ice Skates (2 pair)   |   | \$25.00                                  |
|   |  | Keyboard \$25 / Guitar \$10   |   | \$35.00                                  |
| ■ N<br>□ Y<br>11. <b>Clo</b><br>Ex<br>□ N | amples: Pistols, rifle lo les. Describe thes amples: Everyday of | es, shotguns, ammunition, and related equipme   |   |  |
|   |  | Clothes   |   | \$250.00                                 |
|   | amples: Everyday j   | ewelry, costume jewelry, engagement rings, we   | dding rings, heirloom jewelry, watches    | s, gems, gold, silver                    |
|   |  | Wedding Ring \$50 / Watch \$40  |   | \$90.00                                  |
|   |  | Wedding Ring \$300 / Engagement Ring  | g \$400 / Watch \$30                      | \$730.00                                 |

| <b>D</b> 14 4        | Case 17-32643  |                           | Filed 08/17/17<br>Document | Entered 08/17/17<br>Page 13 of 59   | ' 12:51:06        | Desc Main   |
|----------------------|--|---------------------------|----------------------------|---|-------------------|---|
| Debtor 1<br>Debtor 2 | CATHERINE D WIGSTR                                     |                           |                            | Case r  | number (if known) |   |
| □ No                 | m animals les: Dogs, cats, birds, horse Describe       | es                        |                            |   |                   |   |
|                      | Dog (1)  | - No Value                |                            |   |                   | \$0.00  |
|                      | [Dog (1)   | 140 Value                 |                            |   |                   |   |
| ■ No                 | ner personal and househo                               | -                         | u did not already list, i  | ncluding any health aids yo   | ou did not list   |   |
|                      | ne dollar value of all of yort 3. Write that number he |                           |                            | ny entries for pages you ha   | ve attached       | \$3,315.00  |
|                      | scribe Your Financial Assets                           |                           |                            |   |                   |   |
| Do you ow            | n or have any legal or eq                              | uitable inter             | est in any of the follow   | ing?  |                   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No <sup>′</sup>    | les: Money you have in you                             |                           | •                          |   | , ,               |   |
|                      |  |                           |                            | Ca  | sh<br>            | \$60.00   |
| Examp. □ No          | institutions. If you have                              |                           | counts with the same ins   | ,   | ions, brokerage h | nouses, and other similar   |
| Yes                  |  |                           | Institution r              | name:   |                   |   |
|                      | 17.1.  |                           | TCF Chec                   | king Account  |                   | \$600.00  |
|                      | 17.2.  |                           | TCF Chec                   | cking Account (Wife's Bus   | iness)            | \$401.00  |
|                      | mutual funds, or publicly les: Bond funds, investmen   |                           |                            | ney market accounts   |                   |   |
|                      | lr   | nstitution or i           | ssuer name:                |   |                   |   |
| joint ve             |  | iterests in ir            | ncorporated and uninc      | orporated businesses, incl  | uding an interes  | t in an LLC, partnership, and   |
| ■ No<br>□ Yes.       | Give specific information a                            | bout them<br>e of entity: |                            | % of  | ownership:        |   |
| Negotia              |  | rsonal check              | ks, cashiers' checks, pro  | egotiable instruments<br>missory notes, and money or<br>by signing or delivering them |                   |   |

Official Form 106A/B Schedule A/B: Property page 4

Issuer name:

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| Retirement or pension accounts  Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b)  No  Yes. List each account separately.  Type of account: | , thrift savings accounts, or other pension or profit-sharing pla  Institution name:  401(k) through employer - \$6,941 as of | ins   |
|--|---|---|
|  | 401(k) through employer - \$6,941 as of   |   |
| Type of account:   | 401(k) through employer - \$6,941 as of   |   |
|  |   |   |
|  | 6/31/2017 (not property of the estate).   | \$6,941.00  |
|  | 401(k) through previous employer - \$14,706 as of 6/30/2017 (not property of the estate).                                     | \$14,706.00   |
|  | Rollover IRA - \$3,190 as of 3/16/2017  | \$3,190.00  |
|  | you may continue service or use from a company cutilities (electric, gas, water), telecommunications companies                | s, or others  |
| ■ No □ Yes   | Institution name or individual:   |   |
| <ul> <li>Annuities (A contract for a periodic payment of money to y</li> <li>No</li> </ul>   | you, either for life or for a number of years)  |   |
| Yes Issuer name and description.   |   |   |
| 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  No  | ed ABLE program, or under a qualified state tuition progr   | am.   |
|  | parately file the records of any interests.11 U.S.C. § 521(c):  |   |
| <ul> <li>Trusts, equitable or future interests in property (other to No.</li> </ul>  | than anything listed in line 1), and rights or powers exerc   | isable for your benefit   |
| $\square$ Yes. Give specific information about them  |   |   |
| <ul> <li>Patents, copyrights, trademarks, trade secrets, and oth<br/>Examples: Internet domain names, websites, proceeds from<br/>No</li> </ul>    |   |   |
| ☐ Yes. Give specific information about them  |   |   |
| ■ No   | ve association holdings, liquor licenses, professional licenses   |   |
| ☐ Yes. Give specific information about them  |   |   |
| loney or property owed to you?   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| . Tax refunds owed to you<br>□ No  |   |   |
| ■ Yes. Give specific information about them, including whe   | ther you already filed the returns and the tax years  |   |
|  | ed Tax Refund (est.) \$3,524  |   |
| (70% earr  | ned as of the date of filing)   | \$2,467.00  |

■ No

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|--|---|-----------------------------|----------------------------|---|---|
| Debtor 1<br>Debtor 2   | JEFFREY M WIGSTR<br>CATHERINE D WIGS  |                             |                            | Case number (if known)                        |   |
| ☐ Yes  | . Give specific information   |                             |                            |   |   |
| <i>Exam</i><br>□ No  | amounts someone owes ynples: Unpaid wages, disabilibenefits; unpaid loans . Give specific information   | ty insurance                |                            | efits, sick pay, vacation pay, workers' compe | nsation, Social Security  |
| <b>—</b> 163   | . Oive specific information   | F                           |                            |   | ¢4 400 00   |
|  |   | Earned                      | d but Unpaid Wages (       | estimate)                                     | \$1,100.00  |
|  | sts in insurance policies aples: Health, disability, or life  | e insurance;                | health savings account (   | HSA); credit, homeowner's, or renter's insura | nce   |
| ■ Yes  | . Name the insurance compa<br>Com   | any of each p<br>pany name: | oolicy and list its value. | Beneficiary:                                  | Surrender or refund value:  |
|  | Tern<br>Valu  |                             | ance Through Work -        | No  | \$0.00  |
| ■ No □ Yes  33. Claim Exam ■ No □ Yes  34. Other ■ No □ Yes  35. Any fi ■ No □ Yes | nples: Accidents, employments.  Describe each claim  contingent and unliquidat  Describe each claim  inancial assets you did not  Give specific information | ed claims of                | surance claims, or rights  | g counterclaims of the debtor and rights to   | o set off claims  |
|  |   |                             |                            | ny entries for pages you have attached        | \$29,465.00   |
| Part 5: D  | escribe Any Business-Related  | Property You                | Own or Have an Interest    | In. List any real estate in Part 1.           |   |
|  | own or have any legal or equi   | itable interest             | in any business-related p  | roperty?                                      |   |
| Yes.   | Go to line 38.  |                             |                            |   |   |
|  |   |                             |                            |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No   | unts receivable or commiss  . Describe  | sions you al                | ready earned               |   |   |

Official Form 106A/B Schedule A/B: Property page 6

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| Debtor 1<br>Debtor 2                    | JEFFREY M<br>CATHERINE                  | WIGSTROM<br>D WIGSTROM   | Case number (if kno                        | wn)                              |
|---|---|--|--|----------------------------------|
|   |   |  |  |                                  |
|   |   | Daycare Accounts Receivable  |  | \$0.00                           |
| Exan                                    |   | ishings, and supplies<br>ated computers, software, modems, printers, co                    | opiers, fax machines, rugs, telephones, de | esks, chairs, electronic devices |
|   |   | Daycare Assets: Play Pens (2) \$150, Sw Saucer/Jumper Chair \$25, Misc Toys \$2 Chair \$40 |  | \$845.00                         |
| ■ No                                    | inery, fixtures, ed                     | uipment, supplies you use in business, and   | tools of your trade                        |                                  |
|   |   |  |  |                                  |
| 11. <b>Inven</b><br>No ■                | tory                                    |  |  |                                  |
|   | s. Describe                             |  |  |                                  |
| 42. <b>Intere</b><br>■ No               | ests in partnershi                      | os or joint ventures   |  |                                  |
| ☐ Yes                                   | s. Give specific inf                    | ormation about them  Name of entity:   | % of ownership:                            |                                  |
| ■ No.                                   |   | g lists, or other compilations sonally identifiable information (as defined in 11 U.       | S.C. § 101(41A))?                          |                                  |
|   | ■ No<br>□ Yes. Describe                 | ·····  |  |                                  |
| 44. <b>Any t</b><br>■ No                | ousiness-related                        | property you did not already list  |  |                                  |
| ☐ Yes                                   | s. Give specific info                   | rmation  |  |                                  |
|   |   | of all of your entries from Part 5, including an   |  | \$845.00                         |
|   |   | and Commercial Fishing-Related Property You Ow<br>interest in farmland, list it in Part 1. | n or Have an Interest In.                  |                                  |
| 46. <b>Do yo</b>                        | ou own or have a                        | ny legal or equitable interest in any farm- or o   | commercial fishing-related property?       |                                  |
| ■ No                                    | o. Go to Part 7.                        |  |  |                                  |
| □ Ye                                    | es. Go to line 47.                      |  |  |                                  |
| Part 7:                                 | Describe All Pro                        | perty You Own or Have an Interest in That You Did  | l Not List Above                           |                                  |
| 53. <b>Do yo</b><br><i>Exan</i><br>■ No | ou have other pro<br>mples: Season tick | perty of any kind you did not already list? ets, country club membership                   |  |                                  |
|   | 0                                       |  |  |                                  |

☐ Yes. Give specific information.......

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JEFFREY M WIGSTROM Debtor 1 CATHERINE D WIGSTROM Case number (if known) Debtor 2 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 56. \$10,825.00 Part 3: Total personal and household items, line 15 57. \$3,315.00 Part 4: Total financial assets, line 36 58. \$29,465.00 59. Part 5: Total business-related property, line 45 \$845.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$44,450.00 Copy personal property total \$44,450.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$44,450.00

Official Form 106A/B Schedule A/B: Property page 8

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| Fill in this infor  | mation to identify your  | case:              |                    |                 |
|---------------------|--------------------------|--------------------|--------------------|-----------------|
| Debtor 1            | JEFFREY M WIGS           | STROM              |                    |                 |
|                     | First Name               | Middle Name        | Last Name          |                 |
| Debtor 2            | CATHERINE D W            | IGSTROM            |                    |                 |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name          |                 |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF MINNES | OTA THIRD DIVISION |                 |
| Case number         |                          |                    |                    |                 |
| (if known)          |                          |                    |                    | ☐ Check if this |
|                     |                          |                    |                    | amended fili    |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

| 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing wit. |
|---|
|---|

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property                                 | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption   |
|---|---|---|--|
| 2004 Ford Mustang 125,000 miles FMV: NADA - Clean Dealer Retail Line from <i>Schedule A/B</i> : 3.1                 | \$4,925.00  | \$2,463.00<br>100% of fair market value, up to                            | 11 U.S.C. § 522(d)(2)  |
| 2004 Ford Mustang 125,000 miles   | \$4,925.00  | any applicable statutory limit  \$2,462.00                                | 11 U.S.C. § 522(d)(2)  100 11 U.S.C. § 522(d)(5)  100 11 U.S.C. § 522(d)(2)  100 11 U.S.C. § 522(d)(5)  100 11 U.S.C. § 522(d)(5)  100 11 U.S.C. § 522(d)(3) |
| FMV: NADA - Clean Dealer Retail Line from <i>Schedule A/B</i> : 3.1   |   | 100% of fair market value, up to any applicable statutory limit           |  |
| 2003 Nissan Pathfinder 145,000 miles FMV: NADA - Clean Dealer Retail  | \$5,900.00  | \$3,775.00  | 11 U.S.C. § 522(d)(2)  |
| Line from Schedule A/B: 3.2   |   | ☐ 100% of fair market value, up to any applicable statutory limit         |  |
| 2003 Nissan Pathfinder 145,000 miles<br>FMV: NADA - Clean Dealer Retail   | \$5,900.00  | \$2,125.00  | 11 U.S.C. § 522(d)(5)  |
| Line from Schedule A/B: 3.2   |   | ☐ 100% of fair market value, up to any applicable statutory limit         |  |
| Refrigerator, Freezer, Stove, Washer,<br>Dryer, Sofa, Chairs, Dining Room, End                                      | \$1,200.00  | \$1,200.00  | 11 U.S.C. § 522(d)(3)  |
| Tables, Kitchenware, General Household, Dresser, Bed, Bathroom & Bedroom Linens Line from <i>Schedule A/B</i> : 6.1 |   | 100% of fair market value, up to any applicable statutory limit           |  |

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Debtor 1 JEFFREY M WIGSTROM
Debtor 2 CATHERINE D WIGSTROM

Debtor 2 CATHERINE D WIGSTROM Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Push Lawnmower 11 U.S.C. § 522(d)(5) \$300.00 \$300.00 Line from Schedule A/B: 6.2 100% of fair market value, up to any applicable statutory limit **Snow Blower** 11 U.S.C. § 522(d)(5) \$100.00 \$100.00 Line from Schedule A/B: 6.3 100% of fair market value, up to any applicable statutory limit Golf Clubs 11 U.S.C. § 522(d)(5) \$60.00 \$60.00 Line from Schedule A/B: 6.4 100% of fair market value, up to any applicable statutory limit Television (3) 11 U.S.C. § 522(d)(3) \$75.00 \$75.00 Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit DVD/CDS (none), VCR/DVD Player 11 U.S.C. § 522(d)(5) \$150.00 \$150.00 (\$50), Stereo (\$100) Line from Schedule A/B: 7.2 100% of fair market value, up to any applicable statutory limit Cell Phone (2) 11 U.S.C. § 522(d)(5) \$200.00 \$200.00 Line from Schedule A/B: 7.3 100% of fair market value, up to any applicable statutory limit Computer 11 U.S.C. § 522(d)(5) \$100.00 \$100.00 Line from Schedule A/B: 7.4 100% of fair market value, up to any applicable statutory limit Ice Skates (2 pair) 11 U.S.C. § 522(d)(5) \$25.00 \$25.00 Line from Schedule A/B: 9.2 100% of fair market value, up to any applicable statutory limit Keyboard \$25 / Guitar \$10 11 U.S.C. § 522(d)(5) \$35.00 \$35.00 Line from Schedule A/B: 9.3 100% of fair market value, up to any applicable statutory limit Clothes 11 U.S.C. § 522(d)(3) \$250.00 \$250.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Wedding Ring \$50 / Watch \$40 11 U.S.C. § 522(d)(4) \$90.00 \$90.00 Line from Schedule A/B: 12.1 П 100% of fair market value, up to any applicable statutory limit

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Debtor 1 JEFFREY M WIGSTROM
Debtor 2 CATHERINE D WIGSTROM

Case number (if known)

| tor 2 CATHERINE D WIGSTROM   |                                      |      | Case number (if known)  |                                    |
|--|--------------------------------------|------|---|------------------------------------|
| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo  | ount of the exemption you claim                                 | Specific laws that allow exemption |
|  | Copy the value from<br>Schedule A/B  | Chec | ck only one box for each exemption.                             |                                    |
| Wedding Ring \$300 / Engagement Ring \$400 / Watch \$30                                | \$730.00                             |      | \$730.00  | 11 U.S.C. § 522(d)(4)              |
| Line from Schedule A/B: 12.2   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Dog (1) - No Value<br>Line from <i>Schedule A/B</i> : 13.1                             | \$0.00                               |      | \$0.00  | 11 U.S.C. § 522(d)(3)              |
| Ellie IIolii Genedale AVD. 10.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash<br>Line from <i>Schedule A/B</i> : 16.1   | \$60.00                              |      | \$60.00   | 11 U.S.C. § 522(d)(5)              |
| Line nom <i>Schedule Arb.</i> 16.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| TCF Checking Account Line from Schedule A/B: 17.1                                      | \$600.00                             |      | \$600.00  | 11 U.S.C. § 522(d)(5)              |
| Ellie II oli ochodale 742. 17. 1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| TCF Checking Account (Wife's Business)   | \$401.00                             |      | \$401.00  | 11 U.S.C. § 522(d)(5)              |
| Line from <i>Schedule A/B</i> : 17.2   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 401(k) through employer - \$6,941 as of 6/31/2017 (not property of the estate).        | \$6,941.00                           |      | \$6,941.00  | 11 U.S.C. § 522(d)(12)             |
| Line from Schedule A/B: 21.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 401(k) through previous employer -<br>\$14,706 as of 6/30/2017 (not property of        | \$14,706.00                          |      | \$14,706.00   | 11 U.S.C. § 522(d)(12)             |
| the estate).<br>Line from Schedule A/B: 21.2   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Rollover IRA - \$3,190 as of 3/16/2017   | \$3,190.00                           |      | \$3,190.00  | 11 U.S.C. § 522(d)(12)             |
| Life from Schedule PAB. 21.3   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2017 Anticipated Tax Refund (est.)<br>\$3,524 (70% earned as of the date of            | \$2,467.00                           |      | \$2,467.00  | 11 U.S.C. § 522(d)(5)              |
| iling) Line from Schedule A/B: 28.1  | _                                    |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Earned but Unpaid Wages (estimate) Line from Schedule A/B: 30.1                        | \$1,100.00                           |      | \$1,100.00  | 11 U.S.C. § 522(d)(5)              |
| LING HOIH SCHEUUIG AVD. SU. I  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Term Life Insurance Through Work - No<br>Value   | \$0.00                               |      | \$0.00  | 11 U.S.C. § 522(d)(8)              |
| Line from <i>Schedule A/B</i> : 31.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |

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Debtor 1 CATHERINE D WIGSTROM Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Daycare Assets: Play Pens (2) \$150, 11 U.S.C. § 522(d)(6) \$845.00 \$845.00 Swing \$50, Bumbo Chair \$30, Saucer/Jumper Chair \$25, Misc Toys 100% of fair market value, up to \$250, Pack N Play (2) \$300, High Chair any applicable statutory limit \$40 Line from Schedule A/B: 39.1 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? Yes

|                |                              | Case 17-32643   |  | Entered<br>age 22 | 08/17/17 12:!<br>of 59                                  | 51:06     | Desc M                   | <i>l</i> lain            |
|----------------|------------------------------|---|--|-------------------|---|-----------|--------------------------|--------------------------|
| Fill           | in this in                   | formation to identify yo  |  |                   |   |           |                          |                          |
| Deb            | tor 1                        | JEFFREY M WI  |  | st Name           |   |           |                          |                          |
|                | tor 2<br>use if, filing)     | CATHERINE D<br>First Name   |  | st Name           |   |           |                          |                          |
| Unit           | ed States                    | Bankruptcy Court for the  | e: DISTRICT OF MINNESOTA THIRD   | DIVISION          |   |           |                          |                          |
| Cas<br>(if kno | e number                     | ·   |  |                   |   |           | _                        | if this is an            |
|                |                              | orm 106D<br>le D: Creditors   | s Who Have Claims Se   | cured             | by Property   | y         |                          | 12/15                    |
| s ne           |                              | y the Additional Page, fill it                                      | If two married people are filing together, b out, number the entries, and attach it to th  |                   |   |           |                          |                          |
| 1. Do          | any credi                    | tors have claims secured b  | y your property?   |                   |   |           |                          |                          |
|                | ☐ No. CI                     | neck this box and submit  | this form to the court with your other scho  | edules. You       | ı have nothing else to                                  | report or | this form.               |                          |
|                | Yes. F                       | ill in all of the information                                       | below.   |                   |   |           |                          |                          |
| Pari           | 1: Lis                       | st All Secured Claims   |  |                   |   |           |                          |                          |
| 2. Li          | st all secu                  | red claims. If a creditor has                                       | more than one secured claim, list the creditor   | separately        | Column A  | Column E  | }                        | Column C                 |
|                |                              |   | is a particular claim, list the other creditors in P<br>tical order according to the creditor's name.  | art 2. As         | Amount of claim  Do not deduct the value of collateral. |           | collateral<br>ports this | Unsecured portion If any |
| 2.1            |                              | OF MAHTOMEDI  | Describe the property that secures the c   | laim:             | \$1,135.00  |           | \$0.00                   | \$1,135.00               |
| Who            | MAHTO<br>55115-<br>Number, S | TILLWATER RD<br>OMEDI, MN<br>2098<br>Street, City, State & Zip Code | 321 JESSE JAMES LN SAINT PAMN 55115 WASHINGTON Count Homestead: Legally described as: Lot 3, Block 2, Wedgewood Hills Addition, Washington County, Minnesota FMV: \$,000 - Comparative Market Analysis completed on \$266,100 -  As of the date you file, the claim is: Check apply.  □ Contingent □ Unliquidated □ Disputed | ty                |   |           |                          |                          |
| _              |                              | e debt? Check one.  | Nature of lien. Check all that apply.  |                   |   |           |                          |                          |
|                | Debtor 1 or<br>Debtor 2 or   | •   | An agreement you made (such as morto car loan)   | jage or secu      | red   |           |                          |                          |
|                | Debtor 1 ar                  | d Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechani  | ic's lien)        |   |           |                          |                          |

2.2 SETERUS

lacksquare At least one of the debtors and another

 $\square$  Check if this claim relates to a

Date debt was incurred 2017

community debt

Describe the property that secures the claim:

Last 4 digits of account number

☐ Judgment lien from a lawsuit

Other (including a right to offset)

\$0.00 \$259,903.00

\$259,903.00

Water

9901

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| Debtor 1 JEFFREY M WIGSTROM   | Case number (if know)   |                                |  |  |  |  |  |  |
|---|---|--------------------------------|--|--|--|--|--|--|
| First Name Middle N   |   |                                |  |  |  |  |  |  |
| Debtor 2 CATHERINE D WIGSTRO  |   |                                |  |  |  |  |  |  |
| First Name Middle N   | ame Last Name   |                                |  |  |  |  |  |  |
| Creditor's Name   | 321 JESSE JAMES LN SAINT PAUL, MN 55115 WASHINGTON County Homestead: Legally described as: Lot 3, Block 2, Wedgewood Hills Addition, Washington County, Minnesota FMV: \$,000 - Comparative Market Analysis completed on \$266,100 -  |                                |  |  |  |  |  |  |
| HARTFORD, CT  | As of the date you file, the claim is: Check all that apply.  |                                |  |  |  |  |  |  |
| 06143-1077  | Contingent  |                                |  |  |  |  |  |  |
| Number, Street, City, State & Zip Code                                | ☐ Unliquidated  |                                |  |  |  |  |  |  |
|   | Disputed  |                                |  |  |  |  |  |  |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |                                |  |  |  |  |  |  |
| Debtor 1 only   | ☐ An agreement you made (such as mortgage or secured  |                                |  |  |  |  |  |  |
| Debtor 2 only   | car loan)   |                                |  |  |  |  |  |  |
| ■ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien)  |                                |  |  |  |  |  |  |
| ☐ At least one of the debtors and another                             | ☐ Judgment lien from a lawsuit  | ☐ Judgment lien from a lawsuit |  |  |  |  |  |  |
| ☐ Check if this claim relates to a community debt                     | ■ Other (including a right to offset) REAL ESTATE MORTGAGE ON   |                                |  |  |  |  |  |  |
| Date debt was incurred  | Last 4 digits of account number 5625  |                                |  |  |  |  |  |  |
|   |   |                                |  |  |  |  |  |  |
| _   | olumn A on this page. Write that number here: \$261,038.00  |                                |  |  |  |  |  |  |
| If this is the last page of your form, add<br>Write that number here: | the dollar value totals from all pages. \$261,038.00  |                                |  |  |  |  |  |  |
| Part 2: List Others to Be Notified fo                                 | r a Debt That You Already Listed  |                                |  |  |  |  |  |  |
| trying to collect from you for a debt you o                           | e notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is we to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more tyou listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any list page. |                                |  |  |  |  |  |  |
|   |   |                                |  |  |  |  |  |  |
| Name, Number, Street, City, State & 2<br>SHAPIRO & ZIELKE LLP         | Zip Code On which line in Part 1 did you enter the creditor? 2.2  |                                |  |  |  |  |  |  |
| ATTORNEYS AT LAW<br>12550 W FRONTAGE RD ST<br>BURNSVILLE, MN 55337    | ATTORNEYS AT LAW  Last 4 digits of account number  12550 W FRONTAGE RD STE 200  |                                |  |  |  |  |  |  |

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Page 24 of 59 Document Fill in this information to identify your case: Debtor 1 JEFFREY M WIGSTROM Last Name Middle Name Debtor 2 CATHERINE D WIGSTROM (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority amount amount 2.1 Last 4 digits of account number NA \$0.00 \$0.00 \$0.00 Priority Creditor's Name PO BOX 7346 When was the debt incurred? NA PHILADELPHIA, PA 19101 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ■ Debtor 1 and Debtor 2 only ■ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset?

■ No

☐ Yes

☐ Other. Specify

**NOTICE ONLY** 

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|  | THERINE D WIGSTROM   |  | Case number (  | if know)   |  |                                 |
|--|--|--|--|--|--|---------------------------------|
|  | THERINE B WIGOTHOW   |  | Cass names (   |  |  |                                 |
|  | EPT OF REVENUE   | Last 4 digits of account number  | NA   | \$0.00   | \$0.00   | \$0.00                          |
| 551 B  | Creditor's Name<br>SKCY SECTION CEU DEPT<br>OX 64447   | When was the debt incurred?  | NA   |  |  |                                 |
|  | T PAUL, MN 55164   |  |  |  |  |                                 |
|  | r Street City State Zlp Code   | As of the date you file, the claim   | is: Check all that app   | ly   |  |                                 |
| _  | rred the debt? Check one.  | ☐ Contingent   |  |  |  |                                 |
| ☐ Debtor   | •  | ☐ Unliquidated   |  |  |  |                                 |
| ☐ Debtor   | 2 only   | ☐ Disputed   |  |  |  |                                 |
| ■ Debtor   | 1 and Debtor 2 only  | Type of PRIORITY unsecured cla   | im:  |  |  |                                 |
| ☐ At leas  | t one of the debtors and another   | ☐ Domestic support obligations   |  |  |  |                                 |
| ☐ Check  | if this claim is for a community debt  | Taxes and certain other debts y  | ou owe the governme  | ent  |  |                                 |
| Is the clai  | m subject to offset?   | ☐ Claims for death or personal inj   | ury while you were int   | oxicated   |  |                                 |
| ■ No   |  | Other. Specify   |  |  |  |                                 |
| ☐ Yes  |  | NOTICE OF  | NLY  |  |  |                                 |
| Yes.   |  |  |  |  |  |                                 |
| 4. List all of y unsecured of  | our nonpriority unsecured claims in the<br>claim, list the creditor separately for each claditor holds a particular claim, list the other  | aim. For each claim listed, identify wh  | at type of claim it is. I  | Do not list claims alread  | dy included in Par<br>ut the Continuation              | t 1. If more<br>n Page of       |
| 4. List all of y unsecured of than one cree Part 2.  | claim, list the creditor separately for each claditor holds a particular claim, list the other   | aim. For each claim listed, identify wh<br>creditors in Part 3.If you have more t  | at type of claim it is. I<br>nan three nonpriority                                 | Do not list claims alread  | dy included in Par                                     | rt 1. If more<br>n Page of<br>m |
| 4. List all of y unsecured of than one crepart 2.  4.1 CAPI Nonprie PO B   | claim, list the creditor separately for each cla   | aim. For each claim listed, identify wh  | at type of claim it is. I<br>nan three nonpriority                                 | Do not list claims alread  | dy included in Par<br>ut the Continuation              | t 1. If more<br>n Page of       |
| 4. List all of y unsecured of than one crepart 2.  4.1 CAPI Nonprice PO B CHAF   | claim, list the creditor separately for each claditor holds a particular claim, list the other TAL ONE prity Creditor's Name OX 71087  | aim. For each claim listed, identify who creditors in Part 3.lf you have more to the Last 4 digits of account numb   | at type of claim it is. I nan three nonpriority er 8875                            | Oo not list claims alread<br>unsecured claims fill ou  | dy included in Par<br>ut the Continuation              | rt 1. If more<br>n Page of<br>m |
| 4. List all of y unsecured of than one crepart 2.  4.1 CAPI Nonpride PO B CHAR Number  | claim, list the creditor separately for each claditor holds a particular claim, list the other that ONE prity Creditor's Name OX 71087   | aim. For each claim listed, identify who creditors in Part 3.lf you have more to the Last 4 digits of account numb  When was the debt incurred?  | at type of claim it is. I nan three nonpriority er 8875                            | Oo not list claims alread<br>unsecured claims fill ou  | dy included in Par<br>ut the Continuation              | rt 1. If more<br>n Page of<br>m |
| 4. List all of y unsecured of than one crepart 2.  4.1 CAPI Nonprice PO B CHAF Number Who in the control of the           | Plaim, list the creditor separately for each claditor holds a particular claim, list the other TAL ONE prity Creditor's Name OX 71087 RLOTTE, NC 28272-1087 r Street City State ZIp Code   | aim. For each claim listed, identify who creditors in Part 3.lf you have more to the Last 4 digits of account numb  When was the debt incurred?  | at type of claim it is. I nan three nonpriority er 8875                            | Oo not list claims alread<br>unsecured claims fill ou  | dy included in Par<br>ut the Continuation              | rt 1. If more<br>n Page of<br>m |
| 4. List all of y unsecured of than one crepart 2.  4.1 CAPI Nonprice PO B CHAF Number Who ir   | claim, list the creditor separately for each claditor holds a particular claim, list the other claim. TAL ONE  OX 71087  RLOTTE, NC 28272-1087  r Street City State Zlp Code  accurred the debt? Check one.  | aim. For each claim listed, identify who creditors in Part 3.lf you have more to the Last 4 digits of account numb  When was the debt incurred?  As of the date you file, the cla  | at type of claim it is. I nan three nonpriority er 8875                            | Oo not list claims alread<br>unsecured claims fill ou  | dy included in Par<br>ut the Continuation              | rt 1. If more<br>n Page of<br>m |
| <ul> <li>4. List all of y unsecured of than one crepart 2.</li> <li>4.1 CAPI Nonpride PO B CHAF Number Who in Details and Deta</li></ul> | Plaim, list the creditor separately for each claditor holds a particular claim, list the other claim. TAL ONE control of the c | aim. For each claim listed, identify who creditors in Part 3.lf you have more to the Last 4 digits of account numb  When was the debt incurred?  As of the date you file, the cla  | at type of claim it is. I nan three nonpriority er 8875                            | Oo not list claims alread<br>unsecured claims fill ou  | dy included in Par<br>ut the Continuation              | rt 1. If more<br>n Page of<br>m |
| 4.1 CAPI Nonpric PO B CHAF Numbe Who ir Det  | TAL ONE  OTHER TRANSPORT  TAL ONE  OTHER TRANSPORT  OTHER TRANSPORT  CONTRACT  CONTRAC | aim. For each claim listed, identify who creditors in Part 3.lf you have more to the Last 4 digits of account numb  When was the debt incurred?  As of the date you file, the cla  Contingent Unliquidated   | eat type of claim it is. I nan three nonpriority  er 8875  im is: Check all that a | Oo not list claims alread<br>unsecured claims fill ou  | dy included in Par<br>ut the Continuation              | rt 1. If more<br>n Page of<br>m |
| 4. List all of y unsecured or than one crepart 2.  4.1 CAPI Nonprie PO B CHAR Number Who ir Det Char Det Char At least 10 Det Char Char Char Char Char Char Char Char  | claim, list the creditor separately for each claditor holds a particular claim, list the other claim. TAL ONE  Drity Creditor's Name  OX 71087  RLOTTE, NC 28272-1087  r Street City State Zlp Code  courred the debt? Check one.  cotor 1 only  cotor 2 only  cotor 1 and Debtor 2 only   | aim. For each claim listed, identify who creditors in Part 3.lf you have more to the Last 4 digits of account numb  When was the debt incurred?  As of the date you file, the cla  Contingent Unliquidated Disputed  | eat type of claim it is. I nan three nonpriority  er 8875  im is: Check all that a | Oo not list claims alread<br>unsecured claims fill ou  | dy included in Par<br>ut the Continuation              | rt 1. If more<br>n Page of<br>m |
| 4. List all of y unsecured of than one crepart 2.  4.1 CAPI Nonprise PO B CHAF Number Who ir Det Det Chaf Chef Chef Chef Chef Chef Chef Chef Che   | claim, list the creditor separately for each claditor holds a particular claim, list the other claim. TAL ONE  OTAL  | aim. For each claim listed, identify who creditors in Part 3.lf you have more to the claim listed and the creditors in Part 3.lf you have more to the claim listed and the claim  | er 8875  im is: Check all that a   | Do not list claims alread unsecured claims fill ou   | dy included in Par<br>ut the Continuation  Total clair | rt 1. If more<br>n Page of<br>m |
| 4. List all of y unsecured of than one crepart 2.  4.1 CAPI Nonprise PO B CHAF Number Who ir Det Det Chaf Chef Chef Chef Chef Chef Chef Chef Che   | Plaim, list the creditor separately for each claditor holds a particular claim, list the other claim. TAL ONE  OTAL  | aim. For each claim listed, identify who creditors in Part 3.lf you have more to the claim listed and the claim listed. Last 4 digits of account numb  When was the debt incurred?  As of the date you file, the claim listed list | er 8875  im is: Check all that a greed claim: eparation agreement                  | Do not list claims alread unsecured claims fill out the control of | dy included in Par<br>ut the Continuation  Total clair | rt 1. If more<br>n Page of<br>m |

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|   | JEFFREY M WIGSTROM  CATHERINE D WIGSTROM   | Case number (if know)  |          |
|---|--|--|----------|
|   | CAPITAL ONE BANK Nonpriority Creditor's Name   | Last 4 digits of account number 4833   | \$689.00 |
|   | PO BOX 6492<br>CAROL STREAM, IL 60197-6492   | When was the debt incurred?  |          |
|   | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply  |          |
|   | Who incurred the debt? Check one.  |  |          |
|   | Debtor 1 only  | ☐ Contingent   |          |
|   | Debtor 2 only  | ☐ Unliquidated   |          |
|   | Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
|   | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |          |
|   | ☐ Check if this claim is for a community   | ☐ Student loans  |          |
|   | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |          |
|   | No   | Debts to pension or profit-sharing plans, and other similar debts  |          |
|   | Yes  | ■ Other. Specify CREDIT CARD PURCHASES   |          |
|   | CARE CREDIT/SYNCHRONY BANK   | Last 4 digits of account number 9809   | \$732.00 |
| i | Nonpriority Creditor's Name<br>ATTN BANKRUPTCY DEPT<br>PO BOX 965061                         | When was the debt incurred?  |          |
| Ī | ORLANDO, FL 32896-5061  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |          |
|   | Debtor 1 only  | ☐ Contingent   |          |
|   | Debtor 2 only  | ☐ Unliquidated   |          |
|   | Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
|   | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |          |
|   | ☐ Check if this claim is for a community   | ☐ Student loans  |          |
|   | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |          |
|   | No   | Debts to pension or profit-sharing plans, and other similar debts  |          |
|   | ☐ Yes  | ■ Other. Specify CREDIT CARD PURCHASES   |          |
|   | GOODYEAR   | Last 4 digits of account number 1530   | \$260.00 |
|   | Nonpriority Creditor's Name PO BOX 790594 SAINT LOUIS, MO 63179                              | When was the debt incurred?  |          |
|   | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply  |          |
| , | Who incurred the debt? Check one.  |  |          |
|   | Debtor 1 only  | ☐ Contingent   |          |
|   | Debtor 2 only  | ☐ Unliquidated   |          |
|   | Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
|   | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |          |
|   | ☐ Check if this claim is for a community   | ☐ Student loans  |          |
|   | debt<br>Is the claim subject to offset?  | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|   | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |          |
|   | Yes  | ■ Other. Specify CREDIT CARD PURCHASES   |          |

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| Debte | or 2 CATHERINE D WIGSTROM  |  | Case number (if know)                         |            |  |  |  |
|-------|--|--|---|------------|--|--|--|
| 4.5   | HEALTH PARTNERS  | Last 4 digits of account number                                  | VARIOUS<br>ACCOUNTS                           | \$8,542.00 |  |  |  |
|       | Nonpriority Creditor's Name PO BOX 1309 MINNEAPOLIS, MN 55440                                    | When was the debt incurred?                                      | 2017  |            |  |  |  |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.                             | As of the date you file, the claim                               | is: Check all that apply                      |            |  |  |  |
|       | Debtor 1 only  |  |   |            |  |  |  |
|       | ☐ Debtor 2 only  | ☐ Contingent   |   |            |  |  |  |
|       | <u> </u>   | Unliquidated   |   |            |  |  |  |
|       | Debtor 1 and Debtor 2 only   | Disputed   |   |            |  |  |  |
|       | At least one of the debtors and another  | Type of NONPRIORITY unsecured                                    | d claim:                                      |            |  |  |  |
|       | Check if this claim is for a community   | ☐ Student loans  |   |            |  |  |  |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa<br>report as priority claims | tration agreement or divorce that you did not |            |  |  |  |
|       | No   | Debts to pension or profit-sharing                               | g plans, and other similar debts              |            |  |  |  |
|       | ☐ Yes  | Other. Specify MEDICAL   |   |            |  |  |  |
| 4.6   | HERBERGERS   | Last 4 digits of account number                                  | 7563  | \$193.00   |  |  |  |
|       | Nonpriority Creditor's Name PO BOX 659813  | When was the debt incurred?                                      |   |            |  |  |  |
|       | SAN ANTONIO, TX 78265-9113  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                               |   |            |  |  |  |
|       | Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |
|       | •  |  |   |            |  |  |  |
|       | Debtor 2 only  | Unliquidated   |   |            |  |  |  |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed   | Labelia                                       |            |  |  |  |
|       | At least one of the debtors and another  | Type of NONPRIORITY unsecured  ☐ Student loans                   | d claim:                                      |            |  |  |  |
|       | ☐ Check if this claim is for a community debt  | _  |   |            |  |  |  |
|       | Is the claim subject to offset?  | report as priority claims  | ration agreement or divorce that you did not  |            |  |  |  |
|       | No   | Debts to pension or profit-sharing                               | = -   |            |  |  |  |
|       | Yes  | Other. Specify CREDIT CA   | ARD PURCHASES                                 |            |  |  |  |
| 4.7   | LENDING CLUB   | Last 4 digits of account number                                  | 2541  | \$3,793.00 |  |  |  |
|       | Nonpriority Creditor's Name 71 STEVENSON ST STE 300 SAN FRANCISCO, CA 94105                      | When was the debt incurred?                                      | NA  |            |  |  |  |
|       | Number Street City State Zlp Code  | As of the date you file, the claim                               | is: Check all that apply                      |            |  |  |  |
|       | Who incurred the debt? Check one.  | •  | ,   |            |  |  |  |
|       | ■ Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |
|       | Debtor 1 and Debtor 2 only   | _ ` `  |   |            |  |  |  |
|       | At least one of the debtors and another  | Type of NONPRIORITY unsecured                                    | d claim:                                      |            |  |  |  |
|       | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |  |  |  |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims     |   |            |  |  |  |
|       | ■ No   | Debts to pension or profit-sharing                               |   |            |  |  |  |
|       | ☐ Yes  | ■ Other. Specify CREDIT CA                                       | RD PURCHASES                                  |            |  |  |  |
|       |  | — Outlot, Opening  |   |            |  |  |  |

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| Debto | r2 CATHERINE D WIGSTROM                                      | Case number (if know)   |            |
|-------|--|---|------------|
| 4.8   | MACYS  | Last 4 digits of account number 7280  | \$1,129.00 |
|       | Nonpriority Creditor's Name                                  |   | Ψ1,123.00  |
|       | PO BOX 9001094   | When was the debt incurred?   |            |
|       | LOUISVILLE, KY 40290-1094  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.                            | The of the state year may and statement of the statement |            |
|       | Debtor 1 only  | ☐ Contingent  |            |
|       | Debtor 2 only  | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only                                 | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                     | ☐ Student loans   |            |
|       | debt Is the claim subject to offset?                         | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|       | ☐ Yes  | ■ Other. Specify CREDIT CARD PURCHASES  |            |
|       | ☐ Yes  | Other. Specify OREDIT CARD FORCITAGES   |            |
| 4.9   | MERRICK BANK Nonpriority Creditor's Name                     | Last 4 digits of account number 4344  | \$2,573.00 |
|       | PO BOX 660702  | When was the debt incurred?   |            |
|       | DALLAS, TX 75266-0702  |   |            |
|       | Number Street City State Zlp Code                            | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.                            |   |            |
|       | ■ Debtor 1 only  | ☐ Contingent  |            |
|       | Debtor 2 only  | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only                                 | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                     | ☐ Student loans   |            |
|       | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not   |            |
|       | Is the claim subject to offset?                              | report as priority claims   |            |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|       | ☐ Yes  | ■ Other. Specify CREDIT CARD PURCHASES  |            |
| 4.1   |  |   |            |
| 0     | PROSPER FUNDING  | Last 4 digits of account number 6667  | \$5,720.00 |
|       | Nonpriority Creditor's Name<br>221 MAIN ST STE 300           | When was the debt incurred?   |            |
|       | SAN FRANCISCO, CA 94105  Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.                            | As of the date you me, the claim is. Check all that apply   |            |
|       | Debtor 1 only  | ☐ Contingent  |            |
|       |  | -   |            |
|       | Debtor 2 only  | Unliquidated  |            |
|       | Debtor 1 and Debtor 2 only                                   | Disputed  |            |
|       | At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                     | □ Student loans   |            |
|       | debt Is the claim subject to offset?                         | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
|       | Yes  | Other. Specify  |            |
|       |  |   |            |

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Debtor 1 JEFFREY M WIGSTROM Debtor 2 CATHERINE D WIGSTROM Case number (if know) 4.1 PROSPER FUNDING 9689 \$6,638.00 Last 4 digits of account number Nonpriority Creditor's Name 221 MAIN ST STE 300 When was the debt incurred? SAN FRANCISCO, CA 94105 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community deht ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify LOAN 4.1 SAMS CLUB/SYNCHRONY BANK 5717 \$891.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO BOX 530942 ATLANTA, GA 30353-0941 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify CREDIT CARD PURCHASES ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? COLLECTION RESOURCES Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO BOX 2270 Part 2: Creditors with Nonpriority Unsecured Claims 2700 1ST ST N STE 303 SAINT CLOUD, MN 56302-2270 Last 4 digits of account number 2872 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **IRS** Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims 30 E 7TH STREET SUITE 1222 ☐ Part 2: Creditors with Nonpriority Unsecured Claims MAIL STOP 5700 SAINT PAUL, MN 55101 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? VITAL RECOVERY SERVICES LLC Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO BOX 923748 Part 2: Creditors with Nonpriority Unsecured Claims NORCROSS, GA 30010-3748 Last 4 digits of account number

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Debtor 1 JEFFREY M WIGSTROM Debtor 2 CATHERINE D WIGSTROM

Case number (if know)

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     |       | Total Claim |
|-----------------------|-----|---|-----|-------|-------------|
| Total                 | 6a. | Domestic support obligations  | 6a. | \$    | 0.00        |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$    | 0.00        |
| IIOIII Fait I         |     | • •   |     | · : — | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$    | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$    | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$    | 0.00        |
|                       |     |   |     |       | Total Claim |
|                       | 6f. | Student loans   | 6f. | \$    | 0.00        |
| Total claims          |     |   |     |       |             |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$    | 0.00        |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$    | 0.00        |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$    | 31,755.00   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$    | 31,755.00   |

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|   |               | Dodanic            | 1 446 01 61 63     |  |  |  |
|---|---------------|--------------------|--------------------|--|--|--|
| Fill in this information to identify your case: |               |                    |                    |  |  |  |
| Debtor 1  | JEFFREY M WIG |                    |                    |  |  |  |
|   | First Name    | Middle Name        | Last Name          |  |  |  |
| Debtor 2  | CATHERINE D W | IGSTROM            |                    |  |  |  |
| (Spouse if, filing)                             | First Name    | Middle Name        | Last Name          |  |  |  |
| United States Bankruptcy Court for the:         |               | DISTRICT OF MINNES | OTA THIRD DIVISION |  |  |  |
| Case number _                                   |               |                    |                    |  |  |  |
| (if known)                                      |               |                    |                    |  |  |  |
|   |               |                    |                    |  |  |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| J   | Person or | company with | whom you have the<br>r, Street, City, State and ZIP | e contract or lease<br>Code | State what the contract or lease is for |
|-----|-----------|--------------|---|-----------------------------|---|
| 2.1 |           |              |   |                             |   |
|     | Name      |              |   |                             |   |
|     | Number    | Street       |   |                             |   |
|     | City      |              | State   | ZIP Code                    | <u> </u>                                |
| 2.2 |           |              |   |                             |   |
|     | Name      |              |   |                             |   |
|     | Number    | Street       |   |                             |   |
|     | City      |              | State   | ZIP Code                    | _                                       |
| 2.3 | City      |              | State   | ZIF Code                    |   |
| 2.0 | Name      |              |   |                             |   |
|     | Number    | Street       |   |                             | <u> </u>                                |
|     | City      |              | State   | ZIP Code                    | <del>_</del>                            |
| 2.4 |           |              |   |                             |   |
|     | Name      |              |   |                             | _                                       |
|     | Number    | Street       |   |                             | _                                       |
|     | City      |              | State   | ZIP Code                    | <u> </u>                                |
| 2.5 | Oity      |              | Otate   | ZII COUE                    |   |
| 0   | Name      |              |   |                             | <del>-</del>                            |
|     | Number    | Street       |   |                             | _                                       |
|     | City      |              | State   | ZIP Code                    | _                                       |

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|---|--|--|--|---|
| Fill in this                            | s information to identify your                                       | case:  |  |   |
| Debtor 1                                | JEFFREY M WIGS   | STROM  |  |   |
|   | First Name   | Middle Name  | Last Name  |   |
| Debtor 2                                | CATHERINE D WI   | GSTROM   |  |   |
| (Spouse if, fil                         | ling) First Name   | Middle Name  | Last Name  |   |
| United Sta                              | ates Bankruptcy Court for the:                                       | DISTRICT OF MINNES   | OTA THIRD DIVISION   |   |
| Case num                                | nber   |  |  |   |
| (if known)                              |  |  |  | ☐ Check if this is an amended filing  |
|   | al Form 106H<br>dule H: Your Cod                                     | ebtors   |  | 12/15   |
| people are<br>ill it out, a<br>our name | e filing together, both are equa                                     | ally responsible for sup<br>boxes on the left. Attacl<br>. Answer every question | olying correct informating the Additional Page to the Additional Pag | as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page to this page. On the top of any Additional Pages, write as a codebtor. |
|   |  | , o og <b>,</b> o o o .  |  |   |
| ■ No                                    |  |  |  |   |
| ☐ Ye                                    | es   |  |  |   |
|   | thin the last 8 years, have you<br>na, California, Idaho, Louisiana, |  |  | ry? (Community property states and territories include ington, and Wisconsin.)  |
| _                                       | o. Go to line 3.<br>es. Did your spouse, former spou                 | ise, or legal equivalent liv   | e with you at the time?  |   |
| in lin<br>Form                          | e 2 again as a codebtor only it                                      | f that person is a guaran  | itor or cosigner. Make s   | r if your spouse is filing with you. List the person show<br>sure you have listed the creditor on Schedule D (Officia<br>06G). Use Schedule D, Schedule E/F, or Schedule G to f     |
|   | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI  | P Code   |  | Column 2: The creditor to whom you owe the debt Check all schedules that apply:   |
| 3.1                                     |  |  |  | ☐ Schedule D, line  |
| 0.1                                     | Name   |  |  | ☐ Schedule E/F, line  |
|   |  |  |  | ☐ Schedule G, line  |
|   | Number Street  |  |  | _   |
|   | City   | State  | ZIP Code   |   |
| 3.2                                     |  |  |  | ☐ Schedule D, line  |
| 0.2                                     | Name   |  |  | ☐ Schedule E/F, line  |
|   |  |  |  | ☐ Schedule G, line  |
|   | Number Street  |  |  | _   |

State

City

ZIP Code

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| Fill in this informat           | tion to identify your case:                                  |  |
|---------------------------------|--|--|
| Debtor 1                        | JEFFREY M WIGSTROM   | _  |
| Debtor 2<br>(Spouse, if filing) | CATHERINE D WIGSTROM   | _  |
| United States Ban               | skruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION | _  |
| Case number (If known)          |  | Check if this is:  An amended filing A supplement showing postpetition chapter |
| Official Fo                     | rm 106l  | 13 income as of the following date:  MM / DD/ YYYY                             |

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | Describe Employment   |                      |        |                         |   |
|-----|---|----------------------|--------|-------------------------|---|
| 1.  | Fill in your employment information.  |                      | Debtor | 1                       | Debtor 2 or non-filing spouse                       |
|     | If you have more than one job, attach a separate page with information about additional | Employment status*   | ■ Empl | oyed<br>mployed         | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |
|     | employers.  | Occupation           | Sales  | Age 56                  | _Unemployed Age 54                                  |
|     | Include part-time, seasonal, or self-employed work.                                     | Employer's name      | Return | Management Services     | _   |
|     | Occupation may include student  | Employer's address   |        |                         |   |
|     | or homemaker, if it applies.  |                      | Plymou | th, MN                  |   |
|     |   | How long employed th | nere?  | 8 years                 |   |
|     |   |                      |        | *See Attachment for Add | litional Employment Information                     |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|    |  |    |      | For Debtor 1 |     | Debtor 2 or<br>-filing spouse |
|----|--|----|------|--------------|-----|-------------------------------|
| 2. | <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. | \$_  | 2,992.00     | \$  | 0.00                          |
| 3. | Estimate and list monthly overtime pay.  | 3. | +\$_ | 0.00         | +\$ | 0.00                          |
| 4. | Calculate gross Income. Add line 2 + line 3.   | 4. | \$   | 2,992.00     | \$  | 0.00                          |

Official Form 106I Schedule I: Your Income page 1

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| Debtor<br>Debtor | - · - · · · · · · · · · · · · ·   |                     | C   | Case            | e number (if known) | _    |             |             |  |
|------------------|---|---------------------|-----|-----------------|---------------------|------|-------------|-------------|--|
|                  |   |                     |     |                 | r Debtor 1          | r    | For Debtor  | pouse       |  |
| C                | Copy line 4 here  | 4.                  |     | \$_             | 2,992.00            | ,    | \$          | 0.00        | <u>)                                    </u> |
| 5. <b>L</b>      | List all payroll deductions:  |                     |     |                 |                     |      |             |             |  |
| 5                | 5a. Tax, Medicare, and Social Security deductions   | 58                  | ā.  | \$_             | 373.00              | 9    | \$          | 0.00        | )_   |
|                  | 5b. Mandatory contributions for retirement plans  | 5k                  |     | \$_             | 0.00                | ,    | \$          | 0.00        |  |
|                  | 5c. Voluntary contributions for retirement plans  | 50                  |     | \$_             | 90.00               | 9    | \$          | 0.00        |  |
|                  | 5d. Required repayments of retirement fund loans  | 50                  |     | \$_             | 0.00                | 9    | Ď           | 0.00        | _  |
|                  | 5e. Insurance   | 56                  |     | \$_             | 582.00              | 9    | Ď           | 0.00        |  |
|                  | 5f. Domestic support obligations  | 5f                  |     | \$<br>\$        | 0.00                | 1    | Ď           | 0.00        | _  |
|                  | 5g. Union dues 5h. Other deductions. Specify:   | 5 <u>(</u>          |     | \$<br>\$        | 0.00                | . 0  | <u> </u>    | 0.00        | _  |
|                  | · · · ————————————————————————————————  |                     |     | · –             |                     |      |             | 0.00        | _  |
|                  | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5  |                     |     | \$<br>_         | 1,045.00            | ,    | \$          | 0.00        | _  |
| 7. <b>C</b>      | Calculate total monthly take-home pay. Subtract line 6 from line 4  | 1. 7.               |     | \$ <sub>_</sub> | 1,947.00            | ,    | \$          | 0.00        | <u>)</u>                                     |
|                  | List all other income regularly received:  8a. Net income from rental property and from operating a bus profession, or farm  Attach a statement for each property and business showing gr receipts, ordinary and necessary business expenses, and the         | ross<br>total       |     |                 |                     |      |             |             |  |
|                  | monthly net income.   | 88                  |     | \$_             | 0.00                |      |             | 636.00      |  |
| _                | Bb. Interest and dividends  | 8k                  | ).  | \$_             | 0.00                | 9    | \$          | 0.00        | <u> </u>                                     |
|                  | <ul> <li>Family support payments that you, a non-filing spouse, or regularly receive         Include alimony, spousal support, child support, maintenance, settlement, and property settlement.     </li> <li>Unemployment compensation</li> </ul>            | ·                   |     | \$_<br>\$_      | 0.00                |      | \$<br>      | 0.00        |  |
| 8                | Be. Social Security   | 86                  | €.  | \$              | 0.00                | 9    | \$          | 0.00        | )  |
| 8                | Bf. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cithat you receive, such as food stamps (benefits under the Sup Nutrition Assistance Program) or housing subsidies. Specify: Snap/MFIB |                     |     | \$              | 422.00              | 9    | \$          | 0.00        | )  |
| 8                | Bg. Pension or retirement income  | 80                  | J.  | \$              | 0.00                | 9    | \$          | 0.00        | )  |
| 8                | 2nd job Grandma's \$12<br>Bh. <b>Other monthly income.</b> Specify: \$234   |                     | 1.+ | \$              | 988.00              | + \$ | \$          | 0.00        | )  |
|                  | 3rd job \$346 Taxes \$27  |                     |     | \$              | 319.00              | 9    | \$          | 0.00        | )  |
| 9. <b>A</b>      | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                  | \$  | S               | 1,729.00            | \$   | \$          | 636.0       | 00   |
|                  | Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spou   |                     | \$_ |                 | 3,676.00 + \$       |      | 636.00      | = \$_       | 4,312.00                                     |
| Ir<br>o<br>D     | State all other regular contributions to the expenses that you lis include contributions from an unmarried partner, members of your hoother friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts specify:              | ousehold, your depo |     |                 |                     | ,    | in Schedule | ∍ J.<br>+\$ | 0.00   |
| ٧                | Add the amount in the last column of line 10 to the amount in line. Write that amount on the Summary of Schedules and Statistical Sumapplies  |                     |     |                 |                     |      |             | \$          | 4,312.00                                     |
|                  |   |                     |     |                 |                     |      |             | Combi       |  |
|                  | Do you expect an increase or decrease within the year after you  No.  Yes. Explain:   | file this form?     |     |                 |                     |      |             | month       | lly income                                   |

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| Debtor 1 | JEFFREY M WIGSTROM   |                        |  |
|----------|----------------------|------------------------|--|
|          | CATHERINE D WIGSTROM | Case number (if known) |  |

# Official Form B 6I Attachment for Additional Employment Information

| Debtor              |                     |  |
|---------------------|---------------------|--|
| Occupation          | Delivery            |  |
| Name of Employer    | Grandma's Bakery    |  |
| How long employed   | 2 years             |  |
| Address of Employer |                     |  |
|                     | White Bear Lake, MN |  |
| Debtor              |                     |  |
| Occupation          | Security            |  |
| Name of Employer    | Manitou Grill       |  |
| How long employed   | 2 years             |  |
| Address of Employer |                     |  |
|                     | White Bear Lake, MN |  |

Official Form 106I Schedule I: Your Income page 3

| Fill   | n this informa                                 | ation to identify yo                  | nir case.               |   |   |                |                  |                               |  |
|--|--|---------------------------------------|-------------------------|---|---|----------------|------------------|-------------------------------|--|
|  |  |                                       |                         |   |   |                |                  |                               |  |
| Deb  | JEFFREY M WIGSTROM                             |                                       |                         | Check if this is:  An amended filing                        |   |                |                  |                               |  |
|  | ebtor 2 CATHERINE D WIGSTROM pouse, if filing) |                                       |                         |   | A supplement showing postpetition chapter 13 expenses as of the following date: |                |                  |                               |  |
| United States Bankruptcy Court for the: DISTRICT OF MINNESOTA THIRD DIVISION |  |                                       |                         |   |   | MM / DD / YYYY |                  |                               |  |
|  | e number<br>nown)                              |                                       |                         |   |   |                |                  |                               |  |
| Of   | ficial Fo                                      | orm 106J                              |                         |   |   |                |                  |                               |  |
| Sc   | chedule  | J: Your I                             | Expen                   | ises  |   |                |                  | 12/15                         |  |
| Be a   | as complete<br>rmation. If m                   | and accurate as                       | possible.<br>eded, atta | If two married people ar<br>ch another sheet to this        |   |                |                  |                               |  |
| Part   |  | ribe Your House                       | hold                    |   |   |                |                  |                               |  |
| 1.   | Is this a joi                                  |                                       |                         |   |   |                |                  |                               |  |
|  | □ No. Go to                                    |                                       |                         |   |   |                |                  |                               |  |
|  | ■ Yes. <b>Doe</b>                              | es Debtor 2 live i                    | n a separa              | ate household?  |   |                |                  |                               |  |
|  | ■ N  |                                       | st file Offici          | al Form 106J-2, <i>Expen</i> ses                            | for Separate House  | ehold of Debto | or 2.            |                               |  |
| 2.   | Do vou hav                                     | e dependents?                         | □ No                    |   |   |                |                  |                               |  |
|  | Do not list D<br>Debtor 2.                     | •                                     | Yes.                    | Fill out this information for each dependent                | Dependent's relat<br>Debtor 1 or Debto  |                | Dependent's age  | Does dependent live with you? |  |
|  | Do not state the dependents names.             |                                       |                         | Granddaughtei   | r   | 6              | □ No<br>■ Yes    |                               |  |
|  |  | Daughter                              |                         |   | 22  | □ No<br>■ Yes  |                  |                               |  |
|  |  |                                       |                         |   |   |                |                  | □ No<br>□ Yes                 |  |
|  |  |                                       |                         |   |   |                |                  | □ No<br>□ Yes                 |  |
| 3.   | expenses of                                    | penses include<br>of people other the | han 👝                   | No<br>Yes   |   |                |                  |                               |  |
|  | yourself an                                    | d your depende                        | nts?                    | 103   |   |                |                  |                               |  |
|  | mate your e                                    |                                       | our bankru              | uptcy filing date unless y                                  |   |                |                  |                               |  |
|  | enses as of licable date.                      |                                       | oankruptc <sub>:</sub>  | y is filed. If this is a supp                               | olemental <i>Schedule</i>   | J, check the   | box at the top o | f the form and fill in the    |  |
| the  | value of suc                                   | h assistance and                      |                         | government assistance i<br>luded it on <i>Schedule I:</i> \ |   |                | Value aven       |                               |  |
| (Off   | icial Form 10                                  | 061.)                                 |                         |   |   |                | Your exp         | enses                         |  |
| 4.   |  | or home owners                        |                         | ses for your residence. I<br>r lot.                         | nclude first mortgag  | e<br>4. \$     |                  | 1,812.00                      |  |
|  |  | ded in line 4:                        |                         |   |   |                |                  |                               |  |
|  | 4a. Real                                       | estate taxes                          |                         |   |   | 4a. \$         |                  | 0.00                          |  |
|  |  | erty, homeowner's                     | s, or renter            | 's insurance  |   | 4b. \$         |                  | 0.00                          |  |
|  |  | maintenance, re                       |                         |   |   | 4c. \$         |                  | 55.00                         |  |
|  |  | eowner's associat                     |                         |   |   | 4d. \$         |                  | 0.00                          |  |
| 5.   | Additional                                     | mortgage payme                        | ents for yo             | our residence, such as ho                                   | me equity loans   | 5. \$          |                  | 0.00                          |  |

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|     | or 2 CATHERINE D WIGSTROM  | Case num         | ber (if known) |                           |
|-----|--|------------------|----------------|---------------------------|
|     | Utilities:   |                  |                |                           |
|     | 6a. Electricity, heat, natural gas   | 6a.              | \$             | 200.00                    |
| (   | 6b. Water, sewer, garbage collection   | 6b.              | · -            | 100.00                    |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.              | ·              | 350.00                    |
|     | 6d. Other. Specify:  | 6d.              | •              | 0.00                      |
|     | Food and housekeeping supplies   | 7.               | ·              | 600.00                    |
|     | Childcare and children's education costs   | 8.               | \$             | 0.00                      |
|     |  | 9.               | ·              |                           |
|     | Clothing, laundry, and dry cleaning  |                  | · —            | 70.00                     |
|     | Personal care products and services  | 10.              | ·              | 50.00                     |
|     | Medical and dental expenses  | 11.              | <b>&gt;</b>    | 100.00                    |
|     | Transportation. Include gas, maintenance, bus or train fare.   | 12.              | \$             | 125.00                    |
|     | Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.              | ·              | 100.00                    |
|     | Charitable contributions and religious donations   | 13.<br>14.       | · -            |                           |
|     | •  | 14.              | \$             | 0.00                      |
|     | Insurance.   |                  |                |                           |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance   | 15a.             | \$             | 0.00                      |
|     | 15b. Health insurance  | 15a.<br>15b.     | ·              | 0.00                      |
|     | 150. Vehicle insurance   | 150.<br>15c.     |                |                           |
|     |  |                  | ·              | 165.00                    |
|     | 15d. Other insurance. Specify:   | 15d.             | <b>&gt;</b>    | 0.00                      |
|     | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Self employment taxes   | 16.              | \$             | 160.00                    |
|     | nstallment or lease payments:  |                  | _              |                           |
|     | 17a. Car payments for Vehicle 1  | 17a.             | •              | 0.00                      |
|     | 17b. Car payments for Vehicle 2  | 17b.             | \$             | 0.00                      |
|     | 17c. Other. Specify:   | 17c.             | \$             | 0.00                      |
|     | 17d. Other. Specify:   | 17d.             | \$             | 0.00                      |
| . , | Your payments of alimony, maintenance, and support that you did not report   | as               |                | 2.00                      |
|     | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106   | 6 <b>I).</b> 18. | \$             | 0.00                      |
| . ' | Other payments you make to support others who do not live with you.  |                  | \$             | 0.00                      |
| ,   | Specify:   | 19.              |                |                           |
|     | Other real property expenses not included in lines 4 or 5 of this form or on ${f S}$   |                  |                |                           |
| :   | 20a. Mortgages on other property   | 20a.             | \$             | 0.00                      |
| :   | 20b. Real estate taxes   | 20b.             | \$             | 0.00                      |
| :   | 20c. Property, homeowner's, or renter's insurance  | 20c.             | \$             | 0.00                      |
| :   | 20d. Maintenance, repair, and upkeep expenses  | 20d.             | \$             | 0.00                      |
| :   | 20e. Homeowner's association or condominium dues   | 20e.             | \$             | 0.00                      |
|     | Other: Specify: Pet expenses   | 21.              | +\$            | 100.00                    |
|     |  |                  |                | 100.00                    |
| . ' | Calculate your monthly expenses  |                  |                |                           |
|     | 22a. Add lines 4 through 21.   |                  | \$             | 3,987.00                  |
| :   | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J   | -2               | \$             | _                         |
| :   | 22c. Add line 22a and 22b. The result is your monthly expenses.  |                  | \$             | 3,987.00                  |
|     | Calculate your monthly not income  |                  |                |                           |
|     | Calculate your monthly net income.   | 225              | ¢              | 4 040 00                  |
|     | 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a.             | · -            | 4,312.00                  |
|     | 23b. Copy your monthly expenses from line 22c above.   | 23b.             | -\$            | 3,987.00                  |
|     | 23c. Subtract your monthly expenses from your monthly income.  |                  |                |                           |
|     | The result is your monthly net income.   | 23c.             | \$             | 325.00                    |
|     | Do you expect an increase or decrease in your expenses within the year afte For example, do you expect to finish paying for your car loan within the year or do you expect modification to the terms of your mortgage? |                  |                | se or decrease because of |
|     | No.  |                  |                |                           |
|     | ☐ Yes. Explain here:   |                  |                |                           |

| Fill in this infor  | rmation to identify your                           | ase:   |   |
|---------------------|--|--|---|
| Debtor 1            | JEFFREY M WIGS                                     | TROM   |   |
| 20010               | First Name   | Middle Name Last Name  | _   |
| Debtor 2            | CATHERINE D WI                                     | GSTROM   |   |
| (Spouse if, filing) | First Name   | Middle Name Last Name  | _   |
| United States Ba    | ankruptcy Court for the:                           | DISTRICT OF MINNESOTA THIRD DIVISION   | _   |
| Case number         |  |  |   |
| (if known)          |  |  | ☐ Check if this is an   |
|                     |  |  | amended filing  |
| You must file th    | is form whenever you fi                            | both are equally responsible for supplying correct information both are equally responsible for supplying correct information e bankruptcy case can result in fines up to \$519, and 3571. | e statement, concealing property, or  |
| Sig                 | gn Below   |  |   |
| Did you pa          | ay or agree to pay some                            | one who is NOT an attorney to help you fill out bankruptcy for   | ms?   |
| ■ No                |  |  |   |
| ☐ Yes.              | Name of person                                     |  | ch Bankruptcy Petition Preparer's Notice,<br>aration, and Signature (Official Form 119) |
|                     | alty of perjury, I declare<br>re true and correct. | hat I have read the summary and schedules filed with this dec  | claration and   |
| X /s/JFF            | FFREY M WIGSTROM                                   | X /s/ CATHERINE D WIGS   | STROM   |
|                     | REY M WIGSTROM                                     | CATHERINE D WIGSTR   |   |
| Signatu             | ure of Debtor 1                                    | Signature of Debtor 2  |   |
| Date                | August 17, 2017                                    | Date August 17, 2017   |   |

| Fill          | in this inforn                                | nation to identify your                       | case:                                      |  |   |   |
|---------------|---|---|--|--|---|---|
|               | otor 1  | JEFFREY M WIG                                 |  |  |   |   |
| 200           |   | First Name                                    | Middle Name                                | Last Name  |   |   |
| Deb           | tor 2   | CATHERINE D W                                 |  |  |   |   |
| (Spo          | use if, filing)                               | First Name                                    | Middle Name                                | Last Name  |   |   |
| Unit          | ed States Ba                                  | nkruptcy Court for the:                       | DISTRICT OF MINNESO                        | TA THIRD DIVISION  |   |   |
| Cas<br>(if kn | e number                                      |   |  |  |   | heck if this is an<br>mended filing                   |
| Sta           |   | of Financial                                  |  | duals Filing for B   |   | 4/16  |
| infor<br>num  | mation. If m                                  | ore space is needed,<br>n). Answer every ques | attach a separate sheet to tion.           | this form. On the top of any   | equally responsible for sup<br>y additional pages, write you    |   |
|               |   |   | rital Status and Where You                 | Lived Before   |   |   |
| 1.            | What is you                                   | current marital statu                         | s?   |  |   |   |
|               | <ul><li>■ Married</li><li>□ Not mar</li></ul> | ried  |  |  |   |   |
| 2.            | During the la                                 | ast 3 years, have you                         | lived anywhere other than                  | where you live now?  |   |   |
|               | ■ No □ Yes. Lis                               | t all of the places you li                    | ved in the last 3 years. Do no             | ot include where you live now  | <i>ı</i> .  |   |
|               | Debtor 1 Pr                                   | ior Address:                                  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad  | dress:  | Dates Debtor 2<br>lived there                         |
|               |   |   |  |  | ity property state or territory<br>ico, Texas, Washington and W |   |
|               | ■ No □ Yes. Ma                                | ike sure you fill out <i>Sch</i>              | edule H: Your Codebtors (Of                | fficial Form 106H).  |   |   |
| Par           | Evnlai  | n the Sources of You                          | Income                                     |  |   |   |
| гаг           | Ехріаі  | ii tile 30uices oi 10ui                       | liicome                                    |  |   |   |
|               | Fill in the total                             | l amount of income you                        | received from all jobs and a               | g a business during this yeall businesses, including parter together, list it only once ur |   | dar years?  |
|               | □ No  |   |  |  |   |   |
|               | Yes. Fill                                     | in the details.                               |  |  |   |   |
|               |   |   | Debtor 1                                   |  | Debtor 2  |   |
|               |   |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                      | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|               |   | of current year until<br>d for bankruptcy:    | ■ Wages, commissions, bonuses, tips        | \$34,423.00  | ■ Wages, commissions, bonuses, tips                             | \$11,190.00   |
|               |   |   | ☐ Operating a business                     |  | ☐ Operating a business  |   |

Official Form 107

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Document Page 40 of 59 JEFFREY M WIGSTROM Debtor 1 CATHERINE D WIGSTROM Debtor 2 Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$56,017.00 \$4,085.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips Operating a business ☐ Operating a business For the calendar year before that: \$48.501.00 \$0.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$1,469.00 \$0.00 ☐ Wages, commissions, ☐ Wages, commissions, bonuses, tips bonuses, tips Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7.

Creditor's Name and Address

Dates of payment

attorney for this bankruptcy case.

Total amount

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Amount you still owe

Was this payment for ...

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Debtor 1 JEFFREY M WIGSTROM Debtor 2 CATHERINE D WIGSTROM Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address** Amount you Dates of payment Total amount Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? 9 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο ☐ Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Dates you gave Value Describe the gifts per person the gifts Person to Whom You Gave the Gift and Address:

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| Del | btor 2 CATHERINE D WIGSTROM  |                      |   | Case number (   | if known)                               |                          |
|-----|--|----------------------|---|-----------------|---|--------------------------|
| 14. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift or cor   | -                    |   | ns with a total | value of more than                      | \$600 to any charity     |
|     | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  | tal                  | Describe what you contributed   |                 | Dates you contributed                   | Value                    |
| Pa  | rt 6: List Certain Losses  |                      |   |                 |   |                          |
| 15. | Within 1 year before you filed for bankrupt or gambling?   | tcy or               | since you filed for bankruptcy, did y   | ou lose anytl   | ning because of the                     | ft, fire, other disaste  |
|     | ■ No   |                      |   |                 |   |                          |
|     | Yes. Fill in the details.  |                      |   |                 |   |                          |
|     | how the loss occurred  | nclude               | ibe any insurance coverage for the log<br>the amount that insurance has paid. L<br>nce claims on line 33 of Schedule A/B:   | ist pending     | Date of your loss                       | Value of property<br>los |
| Par | rt 7: List Certain Payments or Transfers   |                      |   | , ,             |   |                          |
|     | Within 1 year before you filed for bankrupt  | tcv di               | id you or anyone else acting on your  | hehalf nav o    | r transfer any prope                    | erty to anyone you       |
| 10. | consulted about seeking bankruptcy or pr<br>Include any attorneys, bankruptcy petition pre   | epari                | ng a bankruptcy petition?   |                 |   | nty to unyone you        |
|     | □ No   |                      |   |                 |   |                          |
|     | Yes. Fill in the details.  |                      |   |                 |   |                          |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo   | u                    | Description and value of any prop transferred   | erty            | Date payment<br>or transfer was<br>made | Amount o<br>paymen       |
|     | Allen Credit & Debt Counseling<br>195 Brooks Street East<br>Wessington, SD 57381   |                      | Credit Counseling   |                 | July 31, 2017                           | \$0.00                   |
|     | Hoglund, Chwialkowski & Mrozik, P.L.L<br>1781 West County Road B<br>Roseville, MN 55113  | .C.                  | Filing fee in the amount of \$310. attorney fees in the amount of \$7 from the debtor's earnings prior filing of this case. | 1.00 paid       |   | \$0.00                   |
| 17. | Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y   | tors o               | r to make payments to your creditor   |                 | r transfer any prope                    | erty to anyone who       |
|     | ■ No □ Yes. Fill in the details.   |                      |   |                 |   |                          |
|     | Person Who Was Paid<br>Address   |                      | Description and value of any prop transferred   | erty            | Date payment<br>or transfer was<br>made | Amount o<br>paymen       |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers rinclude gifts and transfers that you have alreated No  Yes. Fill in the details. | <b>busin</b><br>nade | ness or financial affairs?<br>as security (such as the granting of a s  |                 |   |                          |
|     | Person Who Received Transfer<br>Address  |                      | Description and value of property transferred   | payments        | nny property or<br>received or debts    | Date transfer was made   |
|     | Person's relationship to you   |                      |   | paid in exc     | Jiialiye                                |                          |
|     |  |                      |   |                 |   |                          |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

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JEFFREY M WIGSTROM Debtor 1 CATHERINE D WIGSTROM Debtor 2

Case number (if known)

|     | beneficiary? (These are often called asset-prote   | ection devices.)  |                 |              |   |   |
|-----|--|---|-----------------|--------------|---|---|
|     | Yes. Fill in the details.  |   |                 |              |   |   |
|     | Name of trust  | Description and va  | alue of the pro | operty trans | ferred  | Date Transfer was made                        |
| Par | List of Certain Financial Accounts, Insti  | ruments, Safe Deposit   | Boxes, and S    | torage Unit  | s   |   |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | other financial accoun  | ts; certificate | s of deposit |   |   |
|     | Yes. Fill in the details.  |   |                 |              |   |   |
|     |  | Last 4 digits of account number   | Type of acco    | ount or      | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?   | ar before you filed for   | bankruptcy, a   | ny safe dep  | osit box or other deposi                                      | tory for securities,                          |
|     | ■ No □ Yes. Fill in the details.   |   |                 |              |   |   |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had acco<br>Address (Number, St<br>State and ZIP Code)           |                 | Describe     | the contents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or  | place other than your   | home within     | 1 year befor | e you filed for bankruptc                                     | y?  |
|     | □ No   |   |                 |              |   |   |
|     | Yes. Fill in the details.  |   |                 |              |   |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                 | Describe     | the contents  | Do you still have it?                         |
|     | U-Haul<br>Maplewood, MN  | ,   |                 | Househo      | ld Goods and Furniture  | □ No<br>■ Yes                                 |
| Par | 9: Identify Property You Hold or Control for   | or Someone Else   |                 |              |   |   |
| 23. | Do you hold or control any property that som for someone.  | eone else owns? Inclu   | de any prope    | rty you borr | owed from, are storing fo                                     | or, or hold in trust                          |
|     | ■ No<br>□ Yes. Fill in the details.  |   |                 |              |   |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, St<br>Code)                   |                 | Describe     | the property  | Value   |
| Par | 10: Give Details About Environmental Infor   | mation  |                 |              |   |   |

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 JEFFREY M WIGSTROM Debtor 2 CATHERINE D WIGSTROM

Case number (if known)

| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No |                                      |  |  |         |   | ental law?            |                    |  |
|--|--------------------------------------|--|--|---------|---|-----------------------|--------------------|--|
|  |                                      | ill in the details.                              |  |         |   |                       |                    |  |
|  | Name of s<br>Address (               | ite<br>lumber, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)  |         | Environme<br>know it  | ntal law, if you      | Date of notice     |  |
| 25.  | Have you n                           | otified any governmental unit of                 | any release of hazardous material?   |         |   |                       |                    |  |
|  | ■ No<br>□ Yes. F                     | ill in the details.                              |  |         |   |                       |                    |  |
|  | Name of s<br>Address (r              | ite<br>lumber, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)  |         | Environme<br>know it  | ntal law, if you      | Date of notice     |  |
| 26.  | _                                    | een a party in any judicial or adr               | ministrative proceeding under any env  | /ironm  | ental law?  | Include settlements   | and orders.        |  |
|  | ■ No<br>□ Yes. F                     | ill in the details.                              |  |         |   |                       |                    |  |
|  | Case Title<br>Case Num               | ber  | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Natu    | ure of the c  | ase                   | Status of the case |  |
| Par  | 11: Give                             | Details About Your Business or                   | Connections to Any Business  |         |   |                       |                    |  |
| 27.  | Within 4 ye                          | ars before you filed for bankrupt                | tcy, did you own a business or have a  | ny of t | he followir   | ng connections to any | / business?        |  |
|  | ■ A s                                | ole proprietor or self-employed i                | n a trade, profession, or other activity   | , eithe | r full-time   | or part-time          |                    |  |
|  | □ A n                                | nember of a limited liability comp               | pany (LLC) or limited liability partnersl  | hip (LL | _P)   |                       |                    |  |
|  | □ар                                  | artner in a partnership                          |  |         |   |                       |                    |  |
|  | ☐ An                                 | officer, director, or managing ex                | ecutive of a corporation   |         |   |                       |                    |  |
|  | ☐ An                                 | owner of at least 5% of the votin                | g or equity securities of a corporation  | 1       |   |                       |                    |  |
|  | □ No. No                             | one of the above applies. Go to I                | Part 12.   |         |   |                       |                    |  |
|  | Yes. C                               | heck all that apply above and fill               | I in the details below for each busines  | ss.     |   |                       |                    |  |
|  | Business<br>Address<br>(Number, Stre | Name et, City, State and ZIP Code)               | Describe the nature of the business  Name of accountant or bookkeeper  |         | Employer Identification number Do not include Social Security number or ITIN. |                       |                    |  |
|  |                                      |  | ·  |         |   | iness existed         |                    |  |
|  | Under Ov                             | n Name   | Security, Sole Proprietor (husband Assets: \$0; A/R: \$0; Debt: \$0  | i)      | EIN:  | SSN                   |                    |  |
|  |                                      |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |         | From-To   | 2015                  |                    |  |
|  | Under Ov                             | n Name   | Daycare, Sole Proprietor (wife)  |         | EIN:  | SSN                   |                    |  |
|  |                                      |  | Assets \$845: Play Pens (2) \$150,<br>Swing \$50, Bumbo Chair \$30,<br>Saucer/Jumper Chair \$25, Misc<br>Toys \$250, Pack N Play (2) \$300,<br>High Chair \$40 A/R: \$0; Debt: \$0 |         | From-To   | August 2016 - pres    | nt                 |  |

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Debtor 1 JEFFREY M WIGSTROM
Debtor 2 CATHERINE D WIGSTROM

Case number (if known)

| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement to | anyone about your business? Include all financial |
|-----|---|---|---|
|     | ■ No □ Yes. Fill in the details below.  |   |   |
|     | Name<br>Address<br>(Number, Street, City, State and ZIP Code)                           | Date Issued                               |   |

Official Form 107

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| Debtor 1 JEFFREY M WIGSTROM   | 5   |
|---|---|
| Debtor 2 CATHERINE D WIGSTROM   | Case number (if known)  |
|   |   |
| Part 12: Sign Below   |   |
| Tait 12. Gigii Below  |   |
|   | cial Affairs and any attachments, and I declare under penalty of perjury that the answers |
|   | se statement, concealing property, or obtaining money or property by fraud in connection  |
| with a bankruptcy case can result in fines up to \$25 18 U.S.C. §§ 152, 1341, 1519, and 3571. | 50,000, or imprisonment for up to 20 years, or both.                                      |
| 10 0.0.0. 33 102, 1041, 1010, and 0071.   |   |
| /s/ JEFFREY M WIGSTROM  | /s/ CATHERINE D WIGSTROM  |
| JEFFREY M WIGSTROM  | CATHERINE D WIGSTROM  |
| Signature of Debtor 1   | Signature of Debtor 2   |
| <b>Date</b> August 17, 2017   | Date August 17, 2017  |
| Did you attach additional pages to Your Statement   | of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?           |
| ■ No  | , , ,   |
| ☐ Yes   |   |
| Did you pay or agree to pay someone who is not ar   | attorney to help you fill out bankruptcy forms?   |
| ■ No  |   |
| _   | y Petition Preparer's Notice, Declaration, and Signature (Official Form 119).             |

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LOCAL FORM 1007-1 REVISED 06/16

## **United States Bankruptcy Court**District of Minnesota Third Division

| In re   | JEFFREY M WIGSTROM<br>CATHERINE D WIGSTROM  |                |     |                              | Case No.    |       |                         |
|---------|---|----------------|-----|------------------------------|-------------|-------|-------------------------|
|         | Debtor  | (s)            |     |                              | Chapter     | 13    |                         |
|         | DISCLOSURE OF COMPENSATION  | <b>OF</b>      | A   | TTORNE                       | Y FOR D     | EBT   | OR                      |
| paid to | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(ls) and that compensation paid to me within one year before me, for services rendered or to be rendered on behalf of that the ptcy case is as follows: | e the          | e : | filing of the p              | etition in  | bankı | ruptcy, or agreed to be |
| Prior   | gal Services, I have agreed to accept to the filing of this statement I have received ce Due  | \$<br>\$<br>\$ | -   | 3,000.00<br>1.00<br>2,999.00 |             |       |                         |
|         | he source of the compensation paid to me was:  Debtor  Other (specify)  | ı              |     |                              |             |       |                         |
|         | he source of the compensation to be paid to me is:  Debtor  Other (specify)   | N              | Vо  | one                          |             |       |                         |
| -       | I have not agreed to share the above-disclosed compensates of my law firm.  | tion           | 1 \ | with any othe                | er person u | nless | they are members and    |
| associa | I have agreed to share the above-disclosed compensation ates of my law firm. A copy of the agreement, together wimpensation, is attached.   |                |     |                              |             |       |                         |
|         | n return for the above-disclosed fee, together with such fed by 11 U.S.C. §528(a)(1), I have agreed to render legal se  |                |     | •                            | •           |       |                         |
|         | Analysis of the debtor's financial situation, and rendering etition in bankruptcy;  | ng a           | ad  | vice to the d                | ebtor in de | eterm | ining whether to file a |
| В       | s. Preparation and filing of any petition, schedules, statemen  | ıts o          | of  | affairs and p                | lan which   | may l | pe required;            |
|         | 2. Representation of the debtor at the meeting of creditors nereof;   | an             | d   | confirmation                 | hearing,    | and a | iny adjourned hearings  |
| Б       | D. Representation of the debtor in contested bankruptcy mate  | ters;          | ;   | and                          |             |       |                         |
| E       | . Other services reasonably necessary to represent the debto  | or(s)          | ).  |                              |             |       |                         |
|         | ursuant to Local Rules 1007-1 and 1007-3-1, I have advi   |                |     |                              |             |       |                         |

including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the

best of my knowledge.

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LOCAL FORM 1007-1 REVISED 06/16

### **CERTIFICATION**

| I certify that the foregoing, together with the    | e written contract required by 11 U.S.C. §528(a)(1), is a complete     |
|--|--|
| statement of any agreement or arrangement for payn | nent to me for representation of the debtor(s) in this bankruptcy case |
| Dated: August 6, 2017                              | Signature of Attorney  |
|  | /s/ Robert J. Hoglund  |
|  | Robert J. Hoglund 210997   |

| Fill in this information to identify your case:                              |  |  |  |  |
|--|--|--|--|--|
| Debtor 1 JEFFREY M WIGSTROM  |  |  |  |  |
| Debtor 2 (Spouse, if filing)  CATHERINE D WIGSTROM                           |  |  |  |  |
| United States Bankruptcy Court for the: District of Minnesota Third Division |  |  |  |  |
| Case number(if known)  |  |  |  |  |
|  |  |  |  |  |

| Check as directed in lines 17 and 21:                     |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| According to the calculations required by this Statement: |  |  |  |  |  |  |
|   | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |
|   | Disposable income is determined under 11 U.S.C. § 1325(b)(3).        |  |  |  |  |  |
|   | 3. The commitment period is 3 years.                                 |  |  |  |  |  |
|   | 4. The commitment period is 5 years.                                 |  |  |  |  |  |

☐ Check if this is an amended filing

### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - ☐ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, but the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  |  |   |  | Column A Debtor 1  |                         | Column B Debtor 2 or non-filing spouse |        |      |          |
|--|--|---|--|--|-------------------------|--|--------|------|----------|
| <ol><li>Your gross wages, salary, payroll deductions).</li></ol>   | tips, k                                    | oonuses, overtime   | , and                                  | commissions (befo  | ore all                 | \$4,3                                  | 802.93 | \$   | 0.00     |
| <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.   |  |   |  |  | \$                      | 0.00                                   | \$     | 0.00 |          |
| <ul> <li>All amounts from any sour<br/>of you or your dependents<br/>from an unmarried partner, n<br/>and roommates. Include regifiled in. Do not include paym</li> <li>Net income from operating</li> </ul> | , inclu<br>nembe<br>ular co<br>ents y<br>a | ding child supporters of your househor<br>entributions from a sound listed on line 3. | r <b>t.</b> Incl<br>Ild, you<br>spouse | ude regular contribu<br>ur dependents, pare<br>e only if Column B is | itions<br>nts,<br>s not | \$                                     | 0.00   | \$   | 0.00     |
| business, profession, or fa<br>Gross receipts (before all<br>deductions)   | rm<br>\$                                   | <b>Debtor 1</b> 0.00  |  | 1,006.67   |                         |  |        |      |          |
| Ordinary and necessary operating expenses  | -\$  | 0.00  | -\$                                    | 0.00   |                         |  |        |      |          |
| Net monthly income from a business, profession, or farm  | \$   | 0.00  | \$                                     | 1,006.67 h   | opy<br>ere -> \$        | i                                      | 0.00   | \$   | 1,006.67 |
| 6. Net income from rental and other real property  |  |   | Debt                                   |  |                         |  |        |      |          |
| Gross receipts (before all de  | ductio                                     | ns)   | \$                                     | 0.00   |                         |  |        |      |          |
| Ordinary and necessary ope   | rating                                     | expenses  | -\$                                    | 0.00   |                         |  |        |      |          |
| Net monthly income from rer  | ital or                                    | other real property   | \$                                     | 0.00 Copy h  | ere -> 🤄                | 5                                      | 0.00   | \$   | 0.00     |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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JEFFREY M WIGSTROM Debtor 1 CATHERINE D WIGSTROM Debtor 2 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 \$ 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the 0.00 0.00 \$ 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 4,302.93 + \$ 1,006.67 5,309.60 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 5,309.60 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 5.309.60 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 5.309.60 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form.

63,715.20

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JEFFREY M WIGSTROM Debtor 1 CATHERINE D WIGSTROM Debtor 2 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. MN 16b. Fill in the number of people in your household. 4 101,762.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 5,309.60 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 5,309.60 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 5,309.60 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 \$ 63.715.20 20b. The result is your current monthly income for the year for this part of the form 101,762.00 \$ 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ JEFFREY M WIGSTROM X /s/ CATHERINE D WIGSTROM JEFFREY M WIGSTROM CATHERINE D WIGSTROM Signature of Debtor 1 Signature of Debtor 2 Date August 17, 2017 Date August 17, 2017

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

MM / DD / YYYY

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-32643 Doc 1 Filed 08/17/17 Entered 08/17/17 12:51:06 Desc Main Document Page 56 of 59

## **United States Bankruptcy Court District of Minnesota Third Division**

| In re   | CATHERINE D WIGSTROM                   | Case No.                                  |                     |                     |
|---------|--|---|---------------------|---------------------|
|         |  | Debtor(s)                                 | Chapter             | 13                  |
|         | VERIFI                                 | R MATRIX                                  |                     |                     |
| The abo | ove-named Debtors hereby verify that t | he attached list of creditors is true and | correct to the best | of their knowledge. |
| Date:   | August 17, 2017                        | /s/ JEFFREY M WIGSTROM                    |                     |                     |
|         |  | JEFFREY M WIGSTROM                        |                     |                     |

Signature of Debtor

Signature of Debtor

/s/ CATHERINE D WIGSTROM CATHERINE D WIGSTROM

JEFFREY M WIGSTROM

Date: August 17, 2017

CAPITAL ONE PO BOX 71087 CHARLOTTE NC 28272-1087

CAPITAL ONE BANK PO BOX 6492 CAROL STREAM IL 60197-6492

CARE CREDIT/SYNCHRONY BANK ATTN BANKRUPTCY DEPT PO BOX 965061 ORLANDO FL 32896-5061

CITY OF MAHTOMEDI 600 STILLWATER RD MAHTOMEDI MN 55115-2098

COLLECTION RESOURCES PO BOX 2270 2700 1ST ST N STE 303 SAINT CLOUD MN 56302-2270

GOODYEAR PO BOX 790594 SAINT LOUIS MO 63179

HEALTH PARTNERS
PO BOX 1309
MINNEAPOLIS MN 55440

HERBERGERS
PO BOX 659813
SAN ANTONIO TX 78265-9113

IRS
PO BOX 7346
PHILADELPHIA PA 19101

IRS 30 E 7TH STREET SUITE 1222 MAIL STOP 5700 SAINT PAUL MN 55101

LENDING CLUB 71 STEVENSON ST STE 300 SAN FRANCISCO CA 94105

MACYS
PO BOX 9001094
LOUISVILLE KY 40290-1094

MERRICK BANK
PO BOX 660702
DALLAS TX 75266-0702

MN DEPT OF REVENUE 551 BKCY SECTION CEU DEPT PO BOX 64447 SAINT PAUL MN 55164

PROSPER FUNDING 221 MAIN ST STE 300 SAN FRANCISCO CA 94105

SAMS CLUB/SYNCHRONY BANK PO BOX 530942 ATLANTA GA 30353-0941

SETERUS PO BOX 1077 HARTFORD CT 06143-1077

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